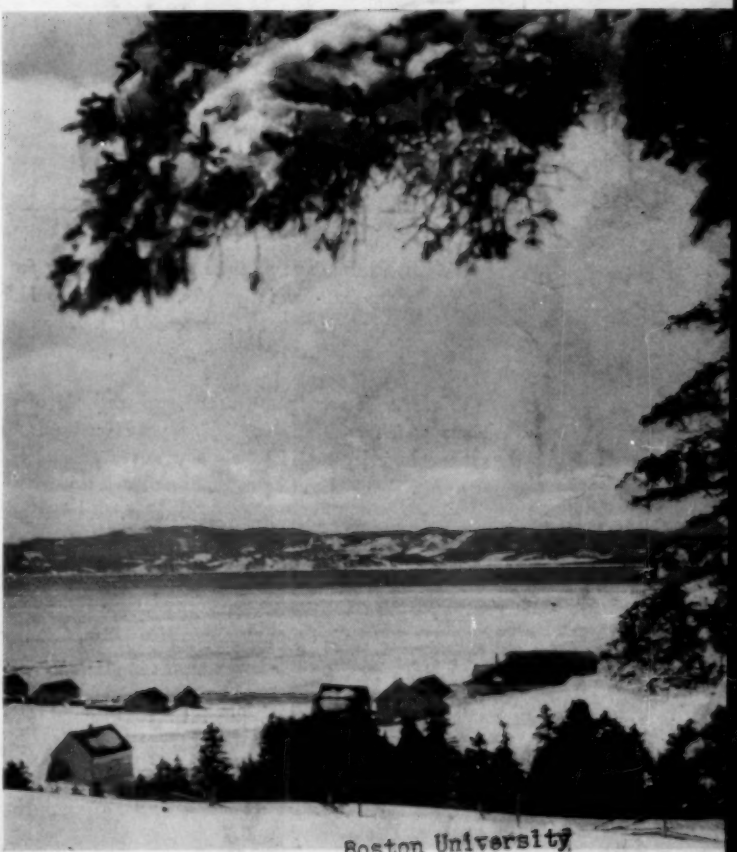
VOLUME 38
NUMBER 12

DECEMBER
1942

CANADIAN NURSE



● Winter on the Gaspé Coast

oston University
hool of Education
Library

Boston University
School of Education
Library

OWNED AND PUBLISHED BY
THE CANADIAN NURSES ASSOCIATION

QUESTION: *In these patterns of diet planning for good nutrition, at least 21 servings of fruits and vegetables, in addition to 11 servings of potatoes or sweet potatoes, per week are recommended (1). How can I manage this on only a moderate food budget?*

ANSWER: You will note that these methods of diet planning have provisions which assist in modifying your food purchases according to fluctuations in individual food costs with season and location. Also, the fresh or canned varieties of the fruits and vegetables have similarly nutritive values and may be used interchangeably. In diet planning, full consideration should be given to the many canned fruits and vegetables which are readily available at reasonable cost during all seasons in all sections of the country.

American Can Company, Hamilton, Ontario;
American Can Company Ltd., Vancouver, B.C.

---

(1) 1939, Food and Life: Yearbook of Agriculture
U. S. Dept. Agriculture, U. S. Gov't
Printing Office, Washington, D. C.

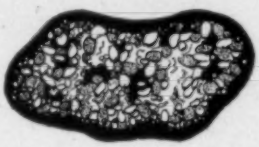
Libby's
HOMOGENIZED
(EXTRACELLULAR)
BABY FOODS

New Extracellular Foods Vast Improvement Over Strained Variety

The importance of an adequate supply of minerals such as iron, copper, etc., in the infant diet has long been recognized. Yet until recently the addition of mineral-bearing foods to the infant diet presented a problem, because commercially- or home-strained foods contain too many coarse fibres and indigestible factors for the undeveloped digestive system of a tiny baby to handle.

EXTRA EASY TO DIGEST

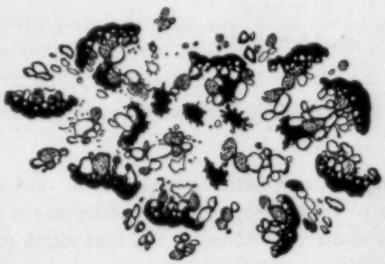
FOOD CELL BEFORE HOMOGENIZATION



Note that nourishment is enclosed by tough cellulose wall which careful straining does not break down. Undeveloped digestive juices of the infant stomach may not penetrate cellulose wall and needed nourishment is lost. Undigested food passes into large intestine where it may ferment and cause serious disturbances.

FOOD CELL AFTER HOMOGENIZATION

Note that tough cellulose wall has been completely broken down. Nourishment has been released for quick digestion. Danger of intestinal disorders caused by fermentation of partly digested food is largely overcome, and baby gets more nourishment from the same amount of food.



Now, solid foods prepared by Libby's special process of Homogenization have been fed without unfavourable reaction to infants as young as *6 weeks*. Libby first strains and then HOMOGENIZES the solid foods — breaking up all coarse fibres and food-cell walls, releasing the nutrient inside the cells — thus exposing all contained nutrients to the digestive enzymes. The bulk needed for normal elimination is retained, but refined so that it will not irritate the digestive tract.

Laboratory tests on four normal adults showed that the emptying times of the stomach after meals of strained vegetables varied from 140 to 233 per cent of the emptying times for the Homogenized vegetables. Because enclosed nutrients are released for easier digestion, an increase in the "iron values" of the foods results, so that many pediatricians advise that Libby's Homogenized Vegetables and Fruits be added to the infant's milk formula as a valuable anemia preventative.

FREE SAMPLES and descriptive literature will be mailed on request to physicians and pediatricians. Please address your requests to Libby, McNeill & Libby Laboratories, Chatham, Ontario.

8 BALANCED *BABY FOOD* COMBINATIONS:

These combinations of Homogenized Vegetables, cereal, soup, and fruits make it easy for the Doctor to prescribe a variety of solid foods for infants

And In Addition, Two Single Vegetable Products Specially Homogenized

PEAS — SPINACH and
LIBBY'S HOMOGENIZED EVAPORATED MILK

Made in Canada By

LIBBY, McNEILL & LIBBY OF CANADA LIMITED, Chatham, Ont.

901

Boston University
School of Education
Library

Head Colds Checked

with 3 drops in each nostril ....

PRIVINE "Ciba"

(1:1000 solution of 2-(naphthyl-1-methyl)-imidazoline hydrochloride)

NASAL DROPS

Clinical investigations on Privine Nasal Drops have proved that they are excellently suited for the treatment of all forms of naso-pharyngeal affections.

In head colds, a few moments after the instillation of 3 drops of Privine in each nostril, the headache and sensation of heaviness in the head disappear, while the nasal respiration becomes easier, the watering of the eyes stops, the voice regains its normal tone and the sense of smell is restored.

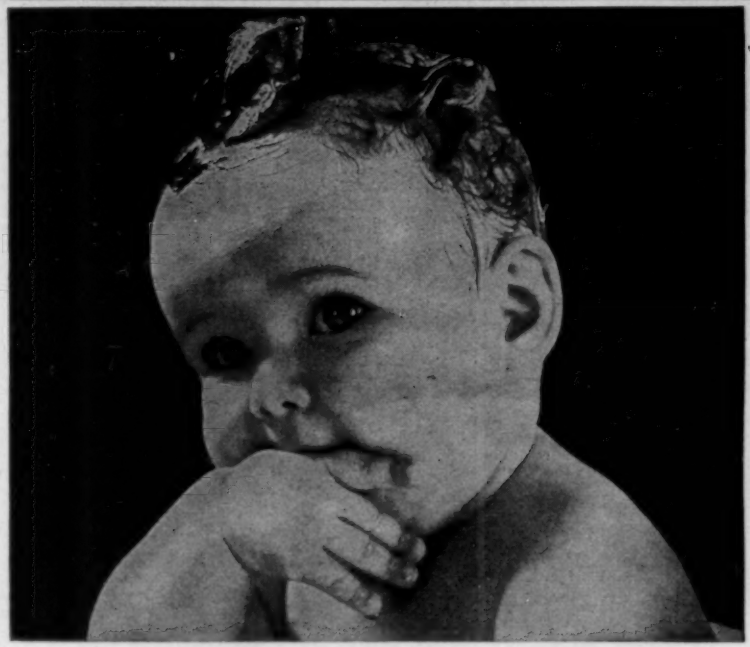
Privine is also of exceptional prophylactic and curative value in hay fever. Two or three drops of the medicament in each nostril two or three times a day, as soon as the first signs of the condition appear, will be found most satisfactory.

ISSUED:

In bottles of ½ ounce with dropper

A professional sample for personal use will gladly be furnished upon request.

CIBA COMPANY LIMITED — MONTREAL



"WONDER IF THIS FEMALE KNOWS HER STUFF?"

She nearly let me capsize twice! Can't say much for her soaping technique, either . . . one foot got three washings — then she passed up the other one completely! Now where's she off to? Probably leaving me here to soak overnight! No — by cracky, she's trotting out Johnson's Baby Powder! Oh that lovely, velvety stuff! Let's hope she knows what to do with it . . . Over the tummy . . . under the chin. Lots of delicious soothing powder to make me slick as a kitten. This gal sure shakes out a mean Johnson's rubdown!

• Johnson's Baby Powder is made of the finest smoothest talc and it's borated. It protects baby skins against diaper rash and prickly heat.

JOHNSON'S BABY POWDER

December Days are Chilly Days

Be Cozy Three Ways!

Three in One Cape

They're Comfy, they're new in style, and they're not dear.

In polo, scarlet-lined, $16.50 ea.

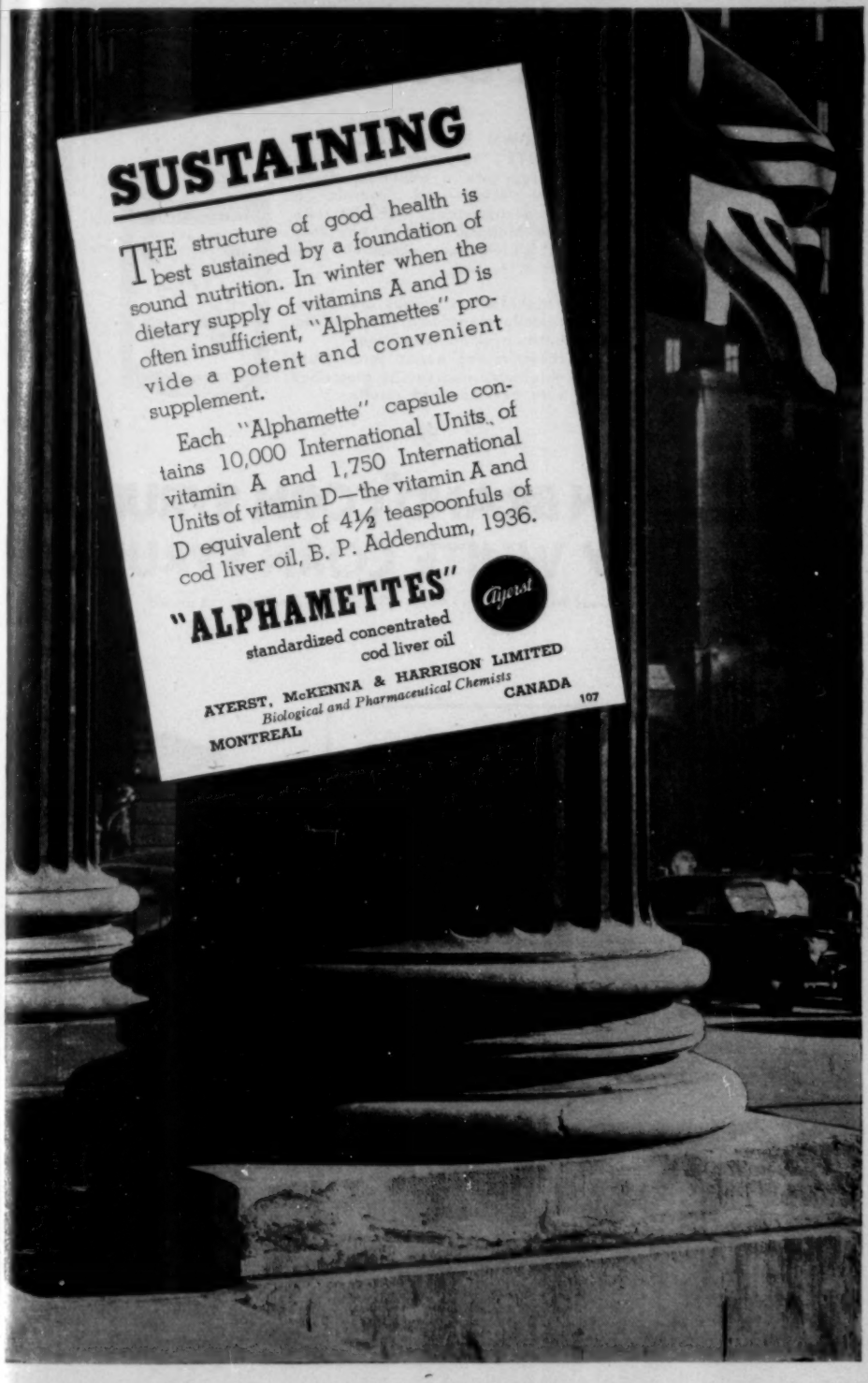
and

Finest Serge, scarlet or Copen. lined, $20.00 ea.

In all sizes and 42 inch lengths.

Made only by

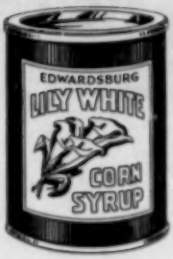
Bland & Company Limited
1253 McGill College Ave.
Montreal, Canada


SUSTAINING
THE structure of good health is best sustained by a foundation of sound nutrition. In winter when the dietary supply of vitamins A and D is often insufficient, "Alphamettes" provide a potent and convenient supplement.
Each "Alphamette" capsule contains 10,000 International Units of vitamin A and 1,750 International Units of vitamin D—the vitamin A and D equivalent of 4½ teaspoonfuls of cod liver oil, B. P. Addendum, 1936.
"ALPHAMETTES"
standardized concentrated cod liver oil
Ayerst
AYERST, McKENNA & HARRISON LIMITED
Biological and Pharmaceutical Chemists
MONTREAL
CANADA
107

The Ideal Dietary Sweet

"CROWN BRAND" and "LILY WHITE" furnish maximum energy with a minimum digestive effort—and contain a large percentage of Dextrose and Maltose. That is why they are used so successfully for infant feeding.

These famous Syrups are scientifically manufactured under the most hygienic conditions . . . they are the purest corn syrups obtainable and can be prescribed with assured good results.



"CROWN BRAND" CORN SYRUP and "LILY WHITE" CORN SYRUP

Manufactured by THE CANADA STARCH COMPANY Limited

---

*PEDICULOSIS**

Yields to

CUPREX

Cuprex is the answer to the problem of head, body or crab lice. A single application will usually destroy eggs and nits. Cuprex is non-sticky and has no unpleasant odour. At drugstores everywhere.

**That condition caused by head, body or crab lice.*

CUPREX

A MERCK PRODUCT

MERCK & CO. LIMITED
Manufacturing Chemists
Montreal.

You can use
MUM REFRESHING
so many ways

A No. 1 "Refresher Course" for Patients

During illness, there may be increased sweat gland activity with an accumulation of perspiration waste products. Disturbing odors may arise to annoy the patient, visitors, and you.

For both mental and physical comfort of all — to freshen the sickroom—use applications of MUM routinely. A few dabs of this snowy-white, non-irritating cream deodorant, applied to perspiration areas, will almost instantly dispel these odors. MUM does not interfere with normal sweat gland activity; does not stain clothing or bed linen.

MUM is also efficient for deodorizing sanitary napkins, to subdue postpartum odors, for deodorizing and refreshing hot, tired feet and as an aid to every-day grooming.

BRISTOL-MYERS COMPANY
1241-00 Rue Beaver, Mon... ..., Canada.

MUM TAKES THE ODOR OUT OF STALE PERSPIRATION

The Canadian Nurse

Registered at Ottawa, Canada, as second class matter.

Editor and Business Manager:
ETHEL JOHNS, Reg. N., 1411 Crescent Street, Montreal, P.Q.

CONTENTS FOR DECEMBER, 1942

On Christmas Day in the Morning		913
Canada Goes to South Africa	*M. McLimont*	914
Blood Transfusion in a Gynaecological Service	*G. Wilson, M D.*	921
Important Emergency Measures	*M. Lindeburgh*	923
Interim Report	*K. W. Ellis*	926
Notes from the National Office		927
Report of Bursary Award Committee	*F. Munroe*	933
How the Federal Grant is used in the U. S. A.		935
Last Post		938
Health Education in the Regina Normal School	*E. Smith*	941
The Toronto Committee on Instruction	*M. Gibson*	943
Puerperal Thrombosis		947
Internal Medicine and the Student Nurse	*D. M. Baltzan*	949
News Notes		955
Off Duty		964
Official Directory		965
Index for Volume 38		975

Subscription Price: $2.00 per year; foreign and United States of America, $2.50; 20 cents a copy.
Cheques and money orders should be made payable to *The Canadian Nurse*. When remitting by cheque 15 cents should be added to cover exchange.

Please address all correspondence to:
Editor, *The Canadian Nurse*, 1411 Crescent Street, Montreal, P.Q.

LORATE COMFORT

If your prescription for a vaginal douche reads—"Lorate—use as directed," you have the assurance that your patient obtains these benefits:

A pleasant scented powder that is suitable for the preparation of a hot, tepid, or cold irrigation, its detergent action always equally effective . . .

A douche that is well adapted for routine cleansing after menstruation; douching after childbirth and after gynecological operations; as a detergent in leukorrhea, Trichomonas vaginalis and other forms of vaginitis; in cervicitis; for pessary wearers, and as a deodorant in conditions attended by fetid discharge.

Lorate is a skillful blend of sodium perborate, sodium bicarbonate, and sodium chloride, with menthol and aromatics.

If you desire a trial supply of Lorate, please write a request on your letterhead. Lorate is supplied in 8-ounce containers.

WATERBURY CHEMICAL CO. OF CANADA, LTD.
727 King Street, West • Toronto, Ont.

Reader's Guide

We wish you a **Merry Christmas** with a light heart because, as these notes are written, we can still hear the echoes of the church bells in Britain ringing out over the world after a silence of more than two years. Perhaps before another Christmas comes around we shall hear the chimes of peace on earth, goodwill toward men.

Every nurse in Canada should give close attention to the message from the president of the Canadian Nurses Association which appears under the caption of **Important Emergency Measures.** Miss Lindeburgh tells us quite plainly that we are now being called upon to make decisions that may profoundly affect the future of nursing in Canada. Every nursing group in this country should devote at least one meeting to a careful analysis of the president's statement especially in its relationship to the very important announcements which appear in **Notes from the National Office.** Then, too, there is much to be learned from our friends across the border especially in relation to the allocation of Federal aid. So be sure to read the article reprinted from *The American Journal of Nursing.* They are doing a good job over there and are setting us a fine example.

Thanks to the kindness and courtesy of Mrs. J. C. McLimont, we proudly present a thrilling story about Canadian nurses in South Africa, written by her daughter, **Marguerite McLimont.** Her vivid description of the voyage and of the African scene itself are alike admirable. Nursing Sister McLimont is a graduate of the School of Nursing of the Royal Victoria Hospital, Montreal, and was recently promoted to the rank of captain.

The increasing use of blood transfusion as a therapeutic agent is always a timely topic. **Dr. Gordon Wilson** offers some interesting notes on its value in a gynecological service. At the time the article was written Dr. Wilson was a senior resident at the Montreal General Hospital. He is now Surgeon-lieutenant in the Royal Canadian Navy.

Saskatchewan has always handled its health problem with foresight and energy. **Elizabeth Smith** gives a stimulating account of the program whereby the student teachers learn to keep well themselves and how to teach their pupils to do likewise. Miss Smith is the instructor in health in the Provincial Normal School, Regina.

The Toronto Committee on Instruction already has an enviable record of achievement, **Miriam Gibson** tells of its origin and development and refers to its active interest in making examinations for registration more effective.

The preparation of the **Index** for the thirty-eighth volume of the *Journal* proved to be a bigger job than ever before. There were many more pages than in 1941 and when it came to keeping track of what the Canadian Nurses Association is doing we found we had our hands full. All three National Sections have their own special pages now and together they brought in some excellent material. We are beginning to hope that our long cherished dream may some day come true and, at long last, Canadian nurses may use their own journal as a working tool and a means of expression.

Unfortunately, an analysis of the Index shows that there is still one fundamental subject that is not receiving the attention it deserves. Articles on public health nursing and various aspects of teaching and supervision are relatively easy to get. They are always good and sometimes excellent. But no matter how we try we cannot get nearly enough on the actual nursing care of the patient. This is a distinct challenge to general staff nurses who are the experts in this field.

PICTURE OF A PHYSICIAN

with a little time to himself!

He decided to save time by prescribing S.M.A. because S.M.A. simplifies "Formula Troubles." Don't take our word for it—in a recent survey among 3,935 physicians who fed S.M.A., of those reporting—

76% said S.M.A. saved time

85% observed freedom from digestive upsets.

S.M.A. BIOCHEMICAL DIVISION — John Wyeth & Brother (Canada) Limited
WALKERVILLE, ONTARIO

Skeptical

If patients in your hospital are laxative-shy—and a good many undoubtedly are — give them Para-Syllia. This pleasant-acting mechanical laxative — although it contains 80% heavy mineral oil — is entirely free from the disagreeable, oily taste so many patients find objectionable. Instead, Para-Syllia has a delicate, appealing flavor that is acceptable to children and adults alike. Because its mineral oil base is finely emulsified, Para-Syllia mixes intimately with intestinal contents, producing a soft, formed stool and minimizing embarrassing leakage. An additional advantage of Para-Syllia is that it may be mixed, if desired, with liquids or solid foods. Since it contains no sugar, Para-Syllia is a desirable laxative for diabetics suffering from chronic intestinal stasis. For more obstinate cases of constipation, Para-Syllia with Phenolphthalein, each tablespoonful containing approximately ⅔ gr. of phenolphthalein, is recommended. Both are supplied in 12-ounce wide-mouth bottles. ABBOTT LABORATORIES, LTD., Montreal.

Para-Syllia

The
CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION
VOLUME THIRTY-EIGHT *NUMBER TWELVE*

DECEMBER 1942

On Christmas Day in the Morning

Through the centuries the significance of Christmas has been interpreted in many ways but, in spite of brazen commercialization, it remains a day which is dedicated to friendship and good will. Apart from the religious associations which this Day has made sacred to all of us, we cherish the old pagan conception that the sun has halted on its southern journey and that the earth has tilted ever so little away from Winter and toward the Spring.

For quite a long time it hasn't been easy to make a very convincing display of the Christmas spirit. First there were the hideous years of depression and unemployment and then came the war. But this year it seems different. It is like being on night duty and watching the first gray glimmer of light in the East that comes long before the dawn. The idea that this may be so came to us from a strange source. We came upon a commercial advertisement in the American magazine, "Time", sponsored by the Pan American Air Ways System, and found this arresting comment: "never before in the world's history has the brotherhood of man been so close to reality as it is today. For, the instant we win this war, all *geographical* barriers will pass away". Nor was this all. Along with it was a forthright statement signed by the Archbishop of Canterbury—"the aim of a Christian social order is the fullest possible development of individual personality in the widest and deepest possible fellowship". The Archbishop affirmed his belief that this fellowship can only be attained when every citizen is assured of employment and of a sufficient return from his labour to bring up his children decently. He insists that every child ought to have an education which is inspired by faith in God. He claims that every worker should have a voice in the conduct of the business or industry carried on by means of his labour. He holds to the hard-won rights of free speech, assembly and association

for special purposes. And he contends that there is no hope of establishing a Christian Order except through the labour and sacrifice of those in whom the Spirit of Christ is active.

At first it may seem strange that the thinking of a great religious leader should reach us through a modern commercial enterprise. But when one comes to think of it, it is natural and right that it should do so. Perhaps, at last, it is Christmas Day in the morning.

——E.J.

Canada Goes to South Africa

MARGUERITE MCLIMONT

The 120 Canadian nurses in our group are scattered all over South Africa. Luckily all the ones I got to know and liked are here. I don't mind admitting I was worn out after two months travelling—always rushed, crowded, and never knowing what was happening next. However, it was lots of fun and an amazing experience and I would not have missed it for anything. I wrote you about finding ourselves in England instead of South America as we expected, and of our week's leave, and all we did there. Afterwards, we went back to camp at Bramshott. Everyone was marvellous to us there and so glad to see us and to hear recent news of Canada. From Bramshott we were divided into five groups, for safety, and shot off secretly on different days, to unknown ports. Extraordinary feeling, not knowing where one is going to. We eventually found ourselves boarding a small ship in Bristol, and joined the rest of the convoy outside Greenock, and then, over the Irish Sea again. Fog was with us, so we travelled fast. Our ship was the smallest and we were the tail-end of the huge convoy all the way here. It was quite a come-down boarding a little ship packed to the limit, with no deck space, and only a tiny swimming-bath edge to get air on. However we soon got used to it. The troops below were the ones who had the bad time. It

NURSING SISTERS LOLITA BEST, AIDA MACMILLAN, AND MARGUERITE MCLIMONT

We didn't know where we were going—all very secret—no talking, no questions, no nothing.

reminded me of convict days; there were over three thousand of them.

Complete blackout reigned at night of course, which meant all windows and doors shut, and in the crowded lounge in the evenings the air was thick, especially during the heat at the Equator, so we would escape up to the swimming-deck and gaze at the velvet black ocean, and stars, and phosphorescence, and feel in a world apart, throbbing through endless waters, mostly calm, warm and enervating to the extent that childhood and the present were vivid, but the middle of my life went *nil*. I might never have travelled or been anywhere before, and could not talk of it, as no memories came, so I wasn't a very interesting companion. They say the tropics affect people in queer ways. Well, I just went blank for a while, but it did not seem to worry anyone but myself.

The score and a half of black objects by night, and grey ships by day, became good friends, and I should hate to sail the ocean in a solitary ship after this, with nothing to look at but the sea. Two of Britain's biggest battle ships came with us, plus many other lesser ones, and it was fascinating watching them scouting about the convoy, looking for submarines. Whistles blew by night, and flags went up by day every so often, and every ship changed its course — a sight worth seeing — and so we zigzagged over the ocean. Why we did not bump into each other by night is a mystery to me still. Gun practice made us sit up and take notice. Such terrific explosions from such tiny guns, I'd never do for the front line!

Five days we stopped at Freetown in thick humid heat. Luckily we were far enough from shore and were not worried by mosquitoes. Other ships were, and one of the 120 nurses caught malaria. Every port we stopped at would gladden your heart. Who said Britain

had lost half her ships or control of the seas? I saw a great armada of ships at Spithead after the Coronation but I have seen more, many more, of all kinds and shapes, so many I lost count, and that not in one harbour but in many on this voyage, all going places in convoys. In fact, for two months we lived with ships and the Army, British for the most part, and only one week with the Americans and that was at first. You have to take off your hat to the British every time. Lads, only lads, off to the ends of the earth, ex-Dunkirkers, ex-Commandos, going to do more commando work, Heaven knows where. Ex-naval men, taking on ships again, ex-everything, still carrying on with such grown-up attitudes to life and the world and events, that Canadians, Americans, South Africans even, who have had some fighting in their own country, seem like children. At Freetown we sweltered, and had nothing to do. We drank orange juice, had nowhere to exercise and use up excess energy, but we lived through it and in comfort, compared to the troops who lined the decks below, sleeping under life-boats. The moon shone and it was lovely with the lights shining from the shore. The army had not seen lights like it for nearly three years! But all so odd—I could not live in the tropics.

Africa! I couldn't believe it—and so different to what I had expected it to look like. Red soil, odd scrubby trees for the most part, huge ones here and there, and some palms on the shore. But the mountains have a bare look, high shrubs rather than trees on them. Untidy native quarters and out-of-place white man's buildings on the hillsides that looked like fine dwellings. It was (and still is) winter, so, through the glasses I saw no flowering trees or shrubs, though they say it is ablaze in summer. Life went on aboard ship and some of the nurses from another ship were allowed to get into a life-boat and come over to

Our group of thirty-one nurses on board ship en route to South Africa.

In our gas-masks and helmets. The mask bag should hang behind the left shoulder but we had to show them!

see us (not aboard, but we hailed them and talked to them over the edge). Natives paddled about in what looked like huge dugout canoes, with wide bladed paddles. The darkness came as soon as the sun went down. The sunsets were beautiful, but all over in ten minutes.

There was a sigh of relief from everyone, even the ship I think, when at last we pulled out of Freetown Harbour. A weight seemed to lift and activity began again. Lectures on India and South America were given. There were concerts and card parties and a cool brisk breeze sprang up on deck. The nurses put on a skit "The Lighthouse Keeper's Daughter". About seven of us —all in pantomime—acted it. I was the policeman and it was a riot. I had a naval officer's blue uniform minus the trimmings, with a white "topee", huge boots, and a sailor made me a beautiful truncheon.

Then came Cape Town with huge square mountains behind it, covered with a cloud, or "table cloth" as they call it. We lived on board the ship for two days, going on shore during the afternoons and evenings. Such a thrill after five weeks of water—and how the officers and soldiers enjoyed those bright lights! We found Cape Town (and now the other South African cities) much more like Canadian and American rather than European towns. I don't know what I expected, something uniquely African I suppose. Well, it isn't that exactly. There are English names on shops and places and streets, American goods in the shops, and an odd assortment of buildings ranging from the Dutch style to modern architecture. Some side streets are narrower than in Quebec and the main ones are very wide. There are high galleries all around some of the houses, where one sits out. The flowers were amazing blooms and colours, mere

weeds from the country, I was told. Well, the mere weeds are gorgeous, and so odd and so big.

The South Africans seem most patriotic. Shops are shut two afternoons a week and the employees do war work in that time. At twelve o'clock each day the "Last Post" sounds on the streets, and everyone stands still—or stands up if eating—and there is two minutes silence until the Reveille sounds. Then the city carries on again. We asked what it was all about and were told it was a sign of respect—that they felt that that was all they could do. The racial feeling is much like that in Quebec Province plus the native one. The crowded streets were an amazing sight. People from all over the world— soldiers, natives, South African and newcomers. I never saw such a crowded jolly jostling lot, all glad to get off ships for a while. The troop ships come in and the place swarms.

Oranges the size of grapefruit, pineapples for two cents, every kind of fruit, and all delicious to taste. What a country! Of course being winter, the ground is hard, the foliage and the grass is brown, and the dust is terrific. The rains come any time from September to December and the world turns green over night and everything flowers, though goodness knows they have enough flowers in gardens now—stocks, violets, marigolds, poppies, hybiscus, bougainvilia, poinsettias, roses, and gorgeous sweet peas, clarkia and delphinums, glorious colours. I expect it is the natural shrubs and trees and wild flowers that bloom in spring and summer. The veldt is carpeted with them. Everyone has been so kind. They stop us on the street and talk and ask questions and the soldiers are taken for drives. They are the most hospitable, friendly people.

We were all sorry to leave the ship. We had thought her so small and crowded at first but after five weeks she seemed like home. However we boarded the train and awoke next morning in the Karoo desert. We missed seeing all the beautiful mountains as we climbed at night. The Karoo is an extraordinary large plateau somewhat like the prairies, but instead of wheat fields it grows millions and millions of anthills —like red stacks of oats. There is also a funny tufty bush, like the stuff that blows around Oregon.

We stopped at Kimberly for eight hours. A dead city now—very few live there and streets are empty—yet how it thrived years ago, until they found they were producing too many diamonds, and had to close the mines. Some officers took us to see a mine. A great hole—sheer rock—it takes about half an hour to walk around it deep down into the earth. It takes a stone a whole minute to splash into the water below, and a small stone makes a roar like a cannon when it hits—the echo I mean. I kept hoping to pick up a diamond but didn't find one. No good anyway as you have to hand it to the Government if you do. Then we went to the Officers Mess, the only decent dwelling around, as far as I could see—Cecil Rhodes' old house, I believe. Trees around it, a real treat in this bare land, and gorgeous grounds in summer but all brown and dead now.

The trains are odd, a cross between our Canadian "chamberettes" and the English sleepers. We found them cramped and hit our heads, and bumped ourselves, and the service was poor, as it is everywhere now on account of the war. They have to save as they have to import everything. We travelled on again by night from Kimberly to Johannesburg and missed all the mountains again. By travelling by night, and

losing the mountain scenery, my impressions of Africa are of a flat country with rocky bumps of varying sizes here and there. From Cape Town to Johannesburg is a mere 1000 miles—quite near—from here to Cairo is 5000 miles or so. Johannesburg is 6000 feet above sea level, and much colder. The days are cloudless, bright sun and warm, the nights cold. As there is no heat in huts or houses, we have shivered.

Trucks met us at the station, and we drove through the richest city in the world, in the early hours of the morning. An enormous city, big modern buildings, almost skyscrapers, very streamlined and of a modern architectural style. Just on the outskirts on every side and even in the suburbs, are the gold mines with their enormous dumps, just like small mountains, of pale yellow clayey substance. An extraordinary sight, standing up with their flat tops on the slightly rolling countryside. Some mines go two miles below sea level. Everything is up to date and modern but these days you buy a heater and cannot get the fixtures. Transportation isn't what it used to be from the U. S. A. and England so they are short of more things than Canada is, and make nothing themselves. You see, they were so rich in gold they just imported everything, so why bother about manufacturing things? And now they are stuck.

Some miles outside Johannesburg we finally arrived at Camp. The hospital and the surrounding buildings were just completed two months ago—1500 beds. A huge place, all brick buildings, very nice indeed but the equipment not all here yet. It comes by degrees. It is a fenced-off part of the endless slightly rolling, red-earth miles of typical veldt (pronounced "felt") country. An occasional patch of trees, and a bare rocky bump like Mt. Bruno outside Montreal every now and then. I was so disappointed at first, but too busy to think much about it. But the lights are ever changing, and at early morning and at sunset it is beautiful. Africa grows on one. The terra cotta earth gives colour. It is the real African colour, a beautiful shade. The natives are strange, repulsive, attractive and picturesque with their bright colours and blankets, the brighter the colour the better they look— civilian clothes do not suit them. I never saw so much empty space, but then of course I have not been out west in Canada.

One feels at home with the friendly people and customs and language and towns and shops very like those at home. We had two days to unpack and another group of nurses came the next day. The convoy had split in half, the other half had gone to Durban, so 30 more of our 120 joined us here from Durban. The rest were scattered to other military hospitals all over the Union. We consider ourselves very lucky in being here in a new hospital and all Imperial troops to nurse. It is a South African Hospital taken over by the British Government for the duration. The majority of nurses now here are Canadian, the others are South African who seem very English and very nice. The first thing we did was to go to town and buy ourselves a heater, an iron and lamps. Things are double and treble the price we pay at home, and our £13 a month won't go far. It amounts to about one-third the pay the Canadian Army Nurses get, so we shall have to cut our living to our pay. It won't be hard once we get essentials. We are two in a room in a hut of six rooms. There are dozens of these huts with wash rooms here and there. There are 300 nurses in all, 80 Canadians, 50 South Africans, and 235 probie V.A.D's. We are called staff nurses and spoken to as "Sister" and the V.A.D.'s

are called "Nurse". Staff nurses have two pips, and heads of wards are 3 pippers (Captains). The doctors are South African. I went on night duty in a medical ward and luckily, so did my pals, so it is very pleasant when off duty. On our nights off we go to town by bus and shop, dine and see a show. We are on nights for two months. So far it has not been hard, as the patients are now convalescent, and we are awaiting another convoy of wounded from the Middle East. The work is what I came for. The men here now are from Madagascar, India, Burma, Singapore and Libya, so it is very satisfactory to feel that though thousands of miles from the front, one is at least nursing the wounded straight from there. It is most interesting hearing all their experiences.

One day, when off duty, I was asked to go for a drive to Pretoria. People just drive out and ask to take nurses drives, or to their homes. This was a dear old man and woman and so I and two other nurses went with them and after seeing the sights of the city, which is the capital and has parliament buildings something like Ottawa, we went to their house for tea. We saw the country round about and drove back with the gorgeous sunset lighting up the hills. The country along the thirty miles to "Jo-burg" is much the same, more bumpy hills and bigger ones. There is a lovely view of the city from the Union Building, as the Parliament Building is called. The houses, of the bungalow style, have surprising gardens, every kind of shrub and flowers, and lemons growing like apples in our Canadian gardens.

Last Sunday we were taken to a native dance at the mining native Compound in Germistown, a sort of suburb of "Jo-burg". It was an amazing sight and beat any New York show for colour, rhythm, precision, grace, music and barbaric ferocity. They would scare the wits out of you, if you met them in the jungle. I had enough seeing them ten yards from you and knowing they were mine workers dressed in their native war paint. No, native undress is more like it! Tufts of fur on arms, legs and middle, and ostrich feather head-dress, and bright coloured rags. Different tribes were contesting on the Compound (green, so to speak). Sunday is their holiday, so they go native and dance, and love it. The only thing is that they get so worked up that the police had to stop them. Their muscles ripple, and there are holes left in the ground from their stampings. Their movements are like lightning, and perfect natural timing, nothing loose-jointed, or indolent about them. For music there are drums made of skins—and their own voices. Now I see how they send messages by drums over space. The persistent and monotonous beat can be heard for miles, and stays in your head for hours afterwards.

And so the work goes on. Many things are different—medicines, and customs—but being with such a bunch of Canadians, it does not seem as strange. We are lucky to be here instead of stranded in some God-forsaken spot. A lot to be thankful for—people are so kind, and all is so interesting and different.

Blood Transfusion in a Gynaecological Service

GORDON WILSON, M. D.

It is a well established fact that any clinic that has become known for its accomplishments, statistical records showing low morbidity, low mortality, diversity and multiplicity of surgical procedures, etc., owes its record to the successful accomplishment of three factors: (a) preoperative convalescence; (b) the skill of the clinician and his assistants; (c) postoperative convalescence. The responsibility of factors (a) and (c) falls largely on the interne and nursing staff. In our present wartime basis this responsibility has increased. Remember this well: no matter how skilful the clinician, the ultimate success of public ward work depends on the co-operation and attitude of the interne staff with that of the nurse in charge and her nursing staff.

In this short discussion we would like to deal with the value of blood transfusion on a gynaecological ward, preferably during preoperative convalescence and/or in postoperative convalescence. In probably about twenty-five percent of our cases it is safe to say that blood transfusion, if given, would be the most important single measure at our disposal in the preoperative convalescence of a gynaecological patient. It is only when we try to approximate this figure in actual ward work that one begins to realize the improvement in results both immediate and on discharge.

We must then realize and demonstrate two facts satisfactorily: (a) Why is it necessary, and today almost essential, to carry out this therapy? (b) Are there any reasons for not carrying out this type of therapy? In answer to the first question, as applied to a gynaecological ward, one has just to enumerate those conditions where there is a loss of blood, externally, internally, which may be acute in nature or prolonged repeated loss of small amounts; in other words, we are dealing with a true secondary anemia. One fact is singularly striking—the average woman does not report for medical care for from three to six months, if the nature of the bleeding is merely an increased loss of blood with each menstrual period; if it is near the time of the menopause; or if it is bleeding, the source of which she is cognizant and does not wish to divulge for personal or social reasons. This type of patient carries on with the hope that it will subside, and usually reports when a gradually increasing physical weakness overtakes her, seldom admitting the extent and duration of the bleeding. The true index of the extent of the bleeding is brought out by a hemogram. Acute internal hemorrhage is best recognized by the shock and subsequent drop in blood pressure. The hemogram may not show this picture for several hours.

A list of the gynaecological causes of secondary anemia is rather impressive. It is true that the progress of this type of anemia may be stopped by such means at our disposal as endocrine therapy, mechanical means, and surgical intervention, but this does not cure the present deficit of blood. Today there is no quicker or more gratifying method than transfusion of citrated blood. The response to iron therapy alone is much too slow to be of value either where surgery is being contemplated or where it has been done.

Patients in whom secondary anemia exist fall into two classes: (a) operative. (b) non-operative. In the former, blood

transfusion is essential, while in the latter it is a procedure which will cut down the duration of convalescence enormously and return the patient to work earlier and in better condition. Let us list a few of the more important gynaecological causes of this type of anemia: functional uterine bleeding of all types; menorrhagia, metrorrhagia, menometrorrhagia; endocrine dysfunction; hemorrhages of the menarche (puberty) and the menopause (climacteric); ovarian tumors; uterine polyps, fibroids; endometriosis, particularly of ovaries or uterus; carcinoma of ovaries, uterus or cervix; the so-called acute hemorrhages as from miscarriages, abortions, ectopics and hemorrhagic cysts; hemorrhages due to external influence such as pelvic inflammatory disease and lastly, hemorrhage from any pelvic trauma.

In answer to the second part of the question—why is it essential today to carry out transfusion therapy?—one may confidently say that not only is it easier to correct an anemia prior to operation, but also that the transfusion is more effective and makes the original surgical procedure safer and the postoperative course smoother.

In regard to preoperative transfusion therapy, there are two important facts: (a) that a simple transfusion of 500 cc. of citrated blood usually takes one week to raise a hemoglobin 10 points; (b) that often, although a patient needs preoperative transfusion, it is left until postoperatively. In many cases this is partially satisfactory; but it is courting disaster, because a case which may need blood preoperatively, may, because of the nature or technical difficulty of the operation, also lose an added amount of blood at operation and go into collapse. Conclusion: one has everything to gain by preoperative measures and everything to lose by unexpected postoperative therapy.

As an ideal, let us postulate the following course:

That every patient with a hemoglobin of 65% or lower, who is to undergo any major gynaecological operation receive one transfusion of 500 cc. of citrated blood.

That, in so far as possible, the patient be allowed two to five days before undergoing the operation.

That any patient with a hemoglobin of 40% or lower receive sufficient blood and time to raise the hemoglobin to 65% and that such a patient also receive blood immediately postoperatively.

That blood transfusion therapy during some major surgical procedures is good therapy and not a reflection either on the surgeon's ability or confidence. This type of therapy should only be indicated under exceptional circumstances, provided that the patient has had proper preoperative convalescence and transfusion. It cannot hope to replace such a preoperative procedure.

That transfusion therapy can often be used successfully in the presence of and for the purpose of combating sepsis.

In answer to the question: are there any reasons today for not carrying out this therapy? — we must talk about two distinct things: medical contra-indications, and the risk and technique of the procedure. The medical contra-indications are few and may be listed: advanced kidney disease, toxemia of pregnancy, prostatic obstruction, uremia, black water fever, uncorrected acidosis, and the use of luetics as donors.

The risk and technique of the procedure is slight and the steps in technical advancement have been amazing since the first recorded transfusion in 1667 by Jean Denys, of sheep's blood to a fifteen-year-old boy, and that of the first human transfusion in 1824 by James Blundell. Transfusions are carried out as easily today as the routine intravenous therapy of glucose and saline on a ward. True, reactions occur, but these are of a

minor nature. The danger signals are known by all nurses; the nurses know the principles and workings of these sets and regulate the flow by means of a drip chamber to the rate ordered by the interne. It is desirable for the interne to remain on a ward during transfusions but he may carry on other work. A nurse is detailed to watch the transfusion. The sets used are a closed system, consequently one must only regard the patient and the insertion of the needle. The rate of flow seldom needs readjustment if working properly. The only other technical difficulty which one may encounter is the difficulty in obtaining compatible donors. This is now obviated by using the bank system, and taking blood whether compatible or not and stowing it for any desired compatible patient.

Conclusions:

1. The value of blood transfusion, preferably preoperative, has been discussed as applied to a gynaecological ward.

2. In view of the relative simplicity, safety, and ease of administration, it would seem to be either poor therapy or negligence on the part of staff to withhold such therapy from some 25% of gynaecological cases undergoing major surgical procedures.

3. The indicated cases which have received such therapy have shown smoother postoperative convalescence and have, on discharge, been in better condition than the average patient, allowing a resumption of normal activities and work at an earlier date.

Important Emergency Measures

The information under this heading is prepared particularly for those members of the Canadian Nurses Association who are not within the Executive Committee, and therefore are not in such close touch with emergency situations which are confronting the Association at the present time. Every nurse in Canada should be informed as to trends and developments during this war period. They should express their opinions and share in the responsibility of making decisions which are necessary at this time.

It was fortunate that the three national conveners of Sections of the Canadian Nurses Association were present at the Executive Meeting held on October 23-24, at which vital issues were discussed and important recommendations made. They represent the interests of the three nursing services in Canada, namely, public health nursing; general and private duty nursing; nursing in hospitals and schools of nursing. The national conveners are therefore in a most favourable position to inform and advise respective provincial conveners of existing problems and situations in regard to which action must be taken. Provincial presidents and executive secretaries as well as the chairmen of National Sections are in direct communication with National Office and they are doing their outmost to bring matters of importance to the attention of all provincial associations. The *Journal* serves as another avenue of information. Since the biennial meeting in June, an abundance of valuable information has appeared in its pages. *Notes from the National Office* record, in carefully planned sequence, the appointment of committees, recommendations, and various activities, all of which should be studied in every issue of the *Journal*.

Three vital matters which are now under consideration are deserving of special attention, namely, financial assistance from the federal government, the control of nursing services by National Selective Service, and the proposed accelerated basic course.

Financial Aid From the Federal Government: Provincial Nurses Associations have been notified that the budgets for the expenditure of grants, as allocated to the Provinces by the Department of Pensions and National Health, for 1942, have been approved.

In conference with the Director of Public Health Services, the delegates appointed by the Canadian Nurses Association were advised that another request for a grant for 1943 was in order, the amount not to exceed $250,000 and the request to be made immediately. A letter was, therefore, sent to the Minister, Department of Pensions and National Health, requesting the maximum amount, namely $250,000.

While expressing appreciation for the grant of $115,000 for 1942, it was pointed out that this amount was sufficient only to make certain initial adjustments, and to introduce programmes which could not be developed unless greater financial assistance were assured for the coming year. Reference was made to the amounts under the three main categories, as stipulated by the Government:

The amount of $15,000 for administrative costs, the salary and programme of the Emergency Nursing Adviser, including an extensive publicity campaign, could not be continued beyond a few months, unless further financial assistance were assured.

The grant of $75,000 to aid public health organizations and schools to strengthen their educational programmes, to take care of increased numbers of students was minimum, and had to be allocated on a very restricted basis.

The allocation of $25,000 for bursaries afforded assistance to approximately one-half of the number of nurses who were considered eligible.

In conference with the Director of Public Health Services, it was agreed that, should a grant for 1943 be approved by the Government, the Provincial Associations should be given an opportunity of making recommendations regarding provincial needs, and that they should submit their budgets accordingly, keeping in mind the amount of the total grant to cover the nine Provinces.

In the November number of *The American Journal of Nursing* there appears an outline of the purposes for which the Federal appropriation (U.S. A.) is to be used. A summary of this outline appears elsewhere in this issue of *The Canadian Nurse* and a review of this statement would be profitable as the problems of nursing education in the United States are fairly similar to those which exist in Canada.

There can be no question as to the value of financial assistance to promising graduate nurses to undertake post-graduate study. The strengthening of educational programmes at this critical time can come about only by increasing the numbers of better prepared teachers and supervisors in all fields of nursing, as quickly as possible.

The Report of the convener of the Bursary Award Committee also appears in this issue of the *Journal*. It should be studied carefully. As recommended in the report, Provincial Associations should select, from applications received, the most promising nurses for recommendation to the Bursary Award Committee. It should be noted in the report that, besides the assistance given to undertake full year courses in universities, a portion of the grant for 1942-43 was reserved to assist nurses who wish to undertake short post-gra-

duate courses which are being offered. An announcement regarding post-graduate clinical courses appeared in the November issue of the *Journal* under *Notes from the National Office.*

The Director of Public Health Services commented most favourably on the number of nurses who benefited through bursaries, noting the dominion-wide equal distribution for courses in public health nursing and in schools of nursing. (See Summary, Bursary Award Report). It is hoped, therefore, that, in anticipation of a larger Federal grant for bursaries for 1943, graduate nurses will take full advantage of an unusual opportunity.

Control of Nursing Services by National Selective Service: It is of vital importance that every member of the Canadian Nurses Association be alert to whatever action the Government may take in establishing control of nurses for the needs of the armed forces and the civilian population.

It is imperative that the complete man power and woman power in Canada be utilized to the fullest extent toward a total war effort, and the Government is undertaking measures whereby human resources will be used most effectively to this end. It is essential, therefore, that nursing resources be recognized and capitalized, that nurses be better distributed, and that they, individually, occupy the positions they are respectively best qualified to fill. Recommendations in connection with various emergency adjustments have appeared in the reports of the Emergency Nursing Adviser, and in *Notes from the National Office.* In the latter, in this issue, there appears an important announcement regarding "War Time Permits".

The Canadian Nurses Association is aware of the fact that if certain adjustments are not undertaken immediately by provincial associations, National Selective Service might take action.

The Executive Committee of the Canadian Nurses Association, including representatives from all provinces, met in Ottawa on October 21 and 22, at the request of Mrs. Eaton, Assistant Director, National Selective Service (Women's Division) to discuss directive control of nurses and nursing services for the war period. Several plans were suggested, but to date (November 11) no definite decision has been made. The Canadian Nurses Association is now awaiting a report of a plan of organization which is being developed by the "Canadian Medical Procurement and Assignment Board". This plan is to provide for the control and co-ordination of all health services for the period of the war. The chairman of the Board has expressed his opinion that, if the plan is approved by National Selective Service, other professional groups may be invited to become part of the organization, in event of which interested groups will have opportunity of making recommendations as to representation on the joint Board and to the policy of organization and function which would safeguard and promote the services involved. It is hoped that this tentative plan may be made available to the Canadian Nurses Association for study at a very early date, and that possibly before this issue of the *Journal* appears, some definite action may be taken and a decision made.

The Proposed Accelerated Basic Course: A resolution by which the Executive Committee (Canadian Nurses Association) approves the policy of the acceleration of the basic course as a wartime measure appears under *Notes from the National Office.* The provincial associations have been sent a skeleton outline of the proposed plan whereby essential nursing experiences be com-

pressed into thirty months.

It must be emphasized that this proposed adjustment is regarded strictly as a war measure; nor is it compulsory. Such a course could only be established in schools which have a sufficient supply of applicants to provide for the required increased enrolment. Also it could only be recommended where the teaching and supervisory staffs are adequate, and well qualified. In order to preserve educational standards it will be necessary to make a very careful analysis of the whole programme of theory and practice. Classroom instruction, particularly the sciences, would need to be integrated, to a greater degree than is being done at the present time, in order to reduce hours of lectures, and at the same time maintain the quality of instruction. It will also necessitate a thorough study of the clinical services whereby non-essential activities will be eliminated, in order that the student will receive the most profitable experience within the reduced time period. It will demand economical and effective planning throughout. From the point of view of the added benefit to the student and the patient, the value of undertaking nursing care on the *whole patient* assignment plan should not be overlooked. It should also be emphasized that in undertaking the shortened basic course, educational entrance requirements must be maintained.

It would not seem advisable for schools of nursing to initiate this course, until more information regarding the possible content is made available. The following resolution has been approved by the Executive Committee, Canadian Nurses Association: "that the Emergency Nursing Adviser be authorized to study the conditions of basic training, to decide whether any acceleration of the training can be considered, and under what conditions, if any, this might be accomplished."

At this time of writing, the Emergency Nursing Adviser is conferring with the convener of the Committee on Nursing Education, in connection with the preparation of material for the purpose of guidance for those schools which are willing and able to introduce an accelerated basic course.

MARION LINDEBURGH
President
Canadian Nurses Association

Interim Report

As the December number of the *Journal* goes to press, the Emergency Nursing Adviser has only just reached the farthest objective of another trip across Canada. While this visit was planned to include attendance at the meeting of the British Columbia Hospital Association, and meetings with other representative groups, it will also afford a welcome opportunity to make contact with nurses in all the Western provinces and to study with them the developments which are being dealt with by the President of the Canadian Nurses Association in an article which appears elsewhere in this issue.

Since the beginning of September, short visits have been paid to Alberta and Manitoba, and to a number of centres in Saskatchewan. While most of the visits paid in Saskatchewan were undertaken on behalf of the Saskatchewan Registered Nurses Association, advantage was taken of these opportunities to discuss developments in connection with the national programme. It was also possible for the Adviser to attend a meeting of the Saskatchewan Hospital Association.

KATHLEEN W. ELLIS
Emergency Nursing Adviser
Canadian Nurses Association

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

Executive Committee Meeting

A meeting of the Executive Committee, Canadian Nurses Association, was held on October 23-24, 1942, in Montreal. Those present included the officers, the chairmen of the three sections, the convener of the committee on Nursing Education, the presidents of provincial associations—Alberta, Nova Scotia, Ontario, Prince Edward Island, Quebec and Saskatchewan, while the remaining provinces each sent a representative. The reports of committees are summarized as follows:

Health Insurance and Nursing Service: the convener was present to give a brief report. Emphasis was given to the need for the provincial committees being more interested and active to provide for more direct contact between this Committee and the three sections. It was resolved that each National Section appoint from the present membership of the Committee on Health Insurance and Nursing Service a member to represent its section on the national committee; each representative to report progress by the national committee to her section; further, that each provincial committee on Health Insurance and Nursing Service have representation from the corresponding provincial sections.

The Exchange of Nurses Committee, through the sub-committee, reported on developments regarding the recruitment of nurses for the British Civil Nursing Reserve. It was decided that plans for recruitment for the British Civil Nursing Reserve remain in abeyance until more satisfactory arrangements can be made with the federal authorities.

The convener of the History of Nursing Committee reported an announcement from The Macmillan Company of Canada that due to personal reasons Miss Margaret Lawrence had cancelled her contract to write a History of Nursing in Canada and that the publishers had expressed the wish to proceed with the writing of a history. The Executive agreed that the original plan of having a History of Nursing in Canada written should be carried out.

The convener of the National Voluntary War Services Advisory Committee recommended that as the purposes for which this Committee was appointed no longer exist, the Committee be discontinued. Following the General Meeting, 1942, the Committee on Syllabus for V.A.D's became a sub-committee of the National Voluntary War Services Advisory Committee. The Executive adopted the recommendation to discontinue this committee.

The Committee on Subsidiary Nursing Groups proposed several recommendations which were adopted: (a) that immediate steps be taken in each province to effect licensing and control of members of subsidiary nursing groups; (b) that in order to protect the public and to maintain professional standards, requirements should include regulations whereby members of subsidiary nursing groups would work under the guidance and control of the

Registered Nurses Association in each province. The fact is emphasized that control also implies assistance and support. Many professional registries now make provision to accept subsidiary workers and this is felt to be desirable; (c) that a recognized course for subsidiary nursing be organized in each province under the direction of the Registered Nurses Association.

These recommendations were followed by the following statement: It is understood that it is the wish of the Executive Committee of the Canadian Nurses Association that this Committee include, in the study being made of subsidiary nursing groups, the preparation of a syllabus for guidance of Provincial Associations in the training of such workers and, that in any form of control, plans be made for the inclusion of those already in the field.

Advisory Committee to Emergency Nursing Adviser: It was announced that satisfactory arrangements had been made with the University of Saskatchewan and the Registered Nurses Association of Saskatchewan whereby Miss K. W. Ellis will continue on a part-time basis until June 30, 1943, as Emergency Nursing Adviser; the appointment of Miss J. Trudel as French Associate was ratified by the Executive Committee.

The following recommendations from the Advisory Committee to the Emergency Nursing Adviser were endorsed:

1. Whereas it is felt that through special planning, potential leaders may be more quickly developed, it is recommended that an approach be made by the Canadian Nurses Association to all University Schools of Nursing asking their aid, as an emergency war measure, in the accomplishment of the following objectives: (a) the attraction of a reasonable number of more mature students to University Schools of Nursing, i.e., those holding a degree; (b) some more rapid accomplishment of professional training for this selected group. Furthermore it is recommended that when this approach is made, a reply be requested from each University, with the suggestion that financial assistance may be available to aid in the accomplishment of these objectives under satisfactory arrangements.

2. That the Provisional Council of University Schools and Departments of Nursing be requested to make a study of nursing courses in Universities for the purpose of establishing minimum standards.

The convener of the Advisory Committee explained that decisions as stated in these recommendations are, for the present, to take the place of the study regarding Type 4 of the Central Preliminary Courses as requested at the General Meeting, 1942 (see *The Canadian Nurse*, September 1942, page 642).

The afore-quoted recommendations had been brought to the attention of the Directors of Departments of University Schools of Nursing in reply to which one school had submitted the following:

That a selected group of university graduates be permitted to accomplish the general training in this school in thirty months; that the first diploma (in general nursing) only be given, and that the senior term in public health nursing now given to the students in the diploma course be omitted. That the above arrangement of work be conditional upon the approval of the Nurse Registration Department of Ontario, with agreement to accept this thirty months training for this selected group as meeting the full requirement for registration in this Province. This recommendation is being brought to the attention of the provincial registrars with a request that those officers inform the Canadian Nurses Association of the extent to which their respective Acts of Registration for Nurses would permit the graduates of the proposed course to be recognized as eligible for registration.

3. Suggestions have been made from sources outside our professional group toward possible plans for shortening the period of the basic course in nursing, and also suggestions toward the subsidizing of student nurses by enlisting them for military service. This matter should be explored thoroughly by the Canadian Nurses Association so that leadership in plans for nursing schools may remain in the hands of our own professional body and that the C.N.A. may give all possible service at this time of need. It was, therefore, resolved that the Executive Committee of the C.N.A. be asked to authorize the Emergency Nursing Adviser: (a) to study the conditions of basic training to decide whether any acceleration of this training can be considered, and under what conditions, if any, this might be accomplished; (b) to make enquiry concerning possible governmental subsidies; (c) to make an early report on (a) and (b).

It was further resolved that the Canadian Nurses Association approve the principle of accelerating courses in schools of nursing where this plan is feasible and acceptable so that the student may be granted an interim certificate at the end of 30 months and so be released to serve as a general staff nurse in her own or other civilian hospital. It must be kept in mind that educational standards must be protected if this plan is put into effect. Other resolutions adopted include:

1. *War Time Permits*: The Canadian Nurses Association recommends to the provinces: (a) That temporary nursing permits be granted to married and inactive nurses who were eligible for registration at time and place of graduation; that the current fee only be required and renewed annually as the need arises. (b) That registries for nurses be requested to allow the aforementioned nurses to register by payment of the current fee only.

Following the Executive Meeting, legal advice was obtained regarding the adopting of temporary registration permits for the duration. The advice secured is: As each Act of Registration is a permissive measure, the issuing of temporary permits can be arranged without the need to open any Act. The early adoption of such arrangements was urged as, in so doing, nurses themselves would be in a position to discontinue the temporary arrangements when conditions warrant such action.

2. *Financial aid to the provincial associations*: That $2,500 be taken from the general funds of the Canadian Nurses Association and be apportioned for publicity to provincial associations as follows: Alberta, British Columbia, Saskatchewan and Manitoba—$300 each; Ontario and Quebec—$400 each; New Brunswick and Nova Scotia —$200 each; Prince Edward Island—$100.

3. *Future policy to provide for travelling expenses*: that the Chair appoint a committee to outline future policy in reference to the payment of expenses of members attending meeting of (1) Executive Committee; (2) standing and Special Committees; (3) meetings at which the Canadian Nurses Association should be represented officially.

4. *Previous action rescinded*: Since the reasons which existed last year to justify the publication of additional teaching material for use in first-aid instruction would now seem to no longer exist, resolved that the Canadian Nurses Association do not carry out the original intention to publish it.

5. *Presented by the Registered Nurses Association of British Columbia*: The Registered Nurses Association of British Columbia recommends to the Canadian Nurses Association that consideration be given to the recommenda-

tion that for purposes of enrolment in any of the National Active Services, applicants from the United States, or from any of the countries within the British Empire whose Schools of Nursing have essentially the same requirements, be permitted to register in any of the provinces of Canada and, where necessary, such clauses as may appear in existing Acts be waived to meet this situation. (This resolution has been referred to each provincial association).

6. *Presented by the Registered Nurses Association of Ontario*: Whereas many nurses with special training have left positions in order to accept other positions where such special training is not required, be it recommended that the registered nurses with special types of training such as public health, instructors and supervisors for schools of nursing, be not permitted to leave their present positions in order to accept other positions where such special training is not required; and that all registered nurses be asked to remain in one of the fields of nursing. (*It was decided that this resolution be left until consideration has been given to the National Selective Service programme*).

7. *Loans*: Ratification was given to the issuing of seven loans since July 1, 1942, totalling $2,900.

Government Grant Committee

The personnel of this committee consists of the Executive Committee with Misses E. L. Smellie, E. Johns and K. W. Ellis. In order to deal with urgent matters a sub-committee was appointed, consisting of the officers of the Association and Miss K. W. Ellis. The Executive Committee, realizing the need to have members of the sub-committee readily available, rescinded the previous motion for appointment of the sub-committee, then appointed the following members: Miss M. Lindeburgh, chairman; Miss M. Buck, Miss F. Munroe, Miss K. W. Ellis, Miss E. Flanagan and Miss E. Johns.

Recommendations approved by the Government Grant Committee included several from the committee to award bursaries, namely:

That, in the event of approaching the federal government for another grant, every effort be made to obtain an announcement not later than April 1, 1943, to give time for publicity. Notice could then be published in *The Canadian Nurse* and thus all eligible nurses would or should be reached.

That a list of available post-graduate courses be published in *The Canadian Nurse*.

That if bursaries are to be awarded in the future, applications be submitted first to the provincial associations of which the applicant is a member, and that each provincial association appoint an award committee to select for recommendation to the Committee to Award Bursaries (C.N.A.) the most promising candidates. That applications be sent to the provincial secretaries before May 1, 1943.

Summary of Reports of Sections

Hospital and School of Nursing Section: The responsibilities of the Section, as resulting from the General Meeting of the Canadian Nurses Association in June 1942, are two-fold: (1) to continue the study of post-graduate experience or courses organized by the convener of the Committee on Nursing Education and the chairman of the Hospital and School of Nursing Section; (2) to continue the study of Nurse Registration Examinations. One meeting has been held with the Committee on Nursing Education at which only preliminary steps were taken with regard to the study of post-graduate experience or courses. The Committee on Instruction will prepare a proposed plan for Registration Examinations from material received from provincial commit-

tees and registrars. This plan will then be presented to the Committee on Nursing Education.

General Nursing Section: The committee on general staff nursing, under the convenership of Miss Pearl Brownell, proposes to seek the consent of every physically fit private duty nurse to accept at least one month of general duty in hospitals.

A ruling has been received from the Commissioner of Income Tax, Department of National Revenue, regarding tax exemptions for private duty nurses. This has already been forwarded to provincial section chairmen and published in the October issue of *The Canadian Nurse*.

Miss Erla Beger, of London, Ontario, has been appointed secretary of the General Nursing Section following Miss Agnes Conroy's acceptance for service in the R.C.A.M.C. Miss Helen Jolly of Regina is convener of the publications committee.

Public Health Section: Two meetings have been held by the executive since the General Meeting on June 24. Miss Margaret Kerr has been appointed convener of the publications committee of the Public Health Section, and Miss Lyle Creelman was appointed convener of the education committee.

Studies to be undertaken by the Section are: (1) the salaries of public health nurses in Canada, including pensions and superannuation schemes; (2) the present practices in public health nursing agencies with regard to programmes of staff education, including the introduction of the new nurse to the field and the continuous education of the staff. It is expected that outlines for these studies will be ready this month to send to the Provincial Sections. It is planned to have a series of three or four articles on one topic written for *The Canadian Nurse*; this will give more continuity to the material submitted for publication.

A committee, composed of members from the Public Health Section of the Canadian Nurses Association and the Public Health Section of the Canadian Public Health Association, under the convenership of Miss F. H. M. Emory, is meeting shortly to discuss the report on "Minimum Requirements for Employment in the field of Public Health Nursing".

Provincial Associations

Interim reports from the provinces show that, in all activities, efforts are being made to implement recommendations from the General Meeting of June 1942, including those in the report of the Emergency Nursing Adviser. Publicity has been given to loans available at University Schools of Nursing, through the Kellogg Foundation, and to bursaries derived from the Government Grant administered by the Canadian Nurses Association. The British Nurses Relief Fund continues to receive very generous support.

The *Alberta Association of Registered Nurses* has voted the sum of $600 for use in a campaign to maintain and if possible increase the enrolment of suitable students in schools of nursing. Miss Jean Davidson has taken part in this campaign by addressing high school students, and other adult groups. Questionnaires have been sent to hospitals and schools of nursing regarding the shortage of staff, and the employment of subsidiary workers. An outline of suggested duties for ward aides has been prepared at the request of the Minister of Health, and sent to all hospitals.

The *Registered Nurses Association of British Columbia* has sponsored a number of refresher courses, including one given by the University of British Columbia in supervision in public health nursing which was attended by a limited number of social workers as well as public health nurses. Local chapters have carried through re-

fresher courses for married and inactive nurses which were followed by hospital experience.

Publicity is being carried out through both the press and radio. Consideration is being given by the Provincial Placement Bureau Committee to the reorganization of the nurses registry in Victoria.

The Council of the Registered Nurses Association of British Columbia has approved the policy of District Directories acting as a source of employment for V.A.D's (St. John Ambulance Brigade and the Canadian Red Cross Nursing Auxiliary Corps) with the understanding that these workers be used in hospitals only, except in the event of an epidemic. In localities where there is no district directory the Provincial Placement Bureau Committee, in conjunction with local nursing groups, will make provision for placement of these aides.

The *Manitoba Association of Registered Nurses* recently prepared a brief concerning the present situation in regard to nursing services, which was presented to the Premier of Manitoba for consideration. An extensive radio publicity programme has been carried out by the Provincial Nursing Adviser.

The *New Brunswick Association of Registered Nurses* will approach the Minister of Health regarding instruction in public health nursing for student nurses.

The *Registered Nurses Association of Nova Scotia* has appointed a provincial publicity committee, with a small nucleus committee of members in Halifax, which will deal with emergency needs when it is not possible to call a meeting of the larger committee. A possible set-up of the Health Insurance and Nursing Service programme is being studied.

There has been an increase in the number of inquiries from Canadian-born nurses now in the U.S.A. regarding registration by reciprocity. The residence clause in the Nova Scotia requirements seems to be the stumbling block, as many nurses do not wish to come to Canada until they have been accepted for service in the armed forces. Following a trial period of six months, the Nurses Official Directory sponsored by the Halifax Branch, R.N.A.N.S., is to be continued indefinitely.

The *Registered Nurses Association of Ontario* reports that the registry committee has been successful in the organization and re-organization of registries. The board of directors has made the appointment of the organizer a full-time one for the next six months. The Toronto Central Registry has reorganized and a second demonstration for practical nurses has been given. The registry committee has recommended that at least two more demonstrations be undertaken.

The Legislation Committee, R.N.A.O., is giving consideration to the question of licensing all who nurse the sick for hire.

Requests for loans from the Permanent Education Fund are increasing: during 1942, loans amounting to $1,850 were granted. There has been an increase in the number and variety of extension and refresher courses, and plans have been made for courses throughout the winter months.

The *Registered Nurses Association of Prince Edward Island* has sponsored refresher courses for nurses in three centres recently with an approximate attendance of one hundred and thirty nurses.

The *Association of Registered Nurses of the Province of Quebec* has carried out a well-planned campaign to stimulate the recruitment of students to schools of nursing; the increase in enrolment is approximately three hundred.

The Committee on Legislation, A.R.N.P.Q., has plans under consideration for the amendment of the Act of Registration for Nurses. Reciprocal registration agreement has been reached between this province and the General Nursing Council for Scotland.

The *Saskatchewan Registered Nurses Association* in their publicity campaign for the recruitment of students has sent to six centres in the province the history of nursing exhibit shown at the twenty-fifth annual convention. Further progress is being made toward the organization of districts and chapters. Experience in the public health field is shortly to be made available to a number of selected students from schools of nursing.

Report of Bursary Award Committee

This committee, consisting of Miss Maude Hall, Ottawa, Miss Marjorie Buck, Simcoe, Miss Kathleen Ellis with Miss F. Munroe as convener, was appointed by the sub-committee of the Government Grant Committee to deal with applications for bursaries derived from the Canadian Government Grant of $25,000 set aside to provide scholarships for graduate nurses, deemed by the Canadian Nurses Association to be promising material for education as teachers, supervisors and educators.

The committee was appointed on August 5, 1942. Miss Lindeburgh, Miss Ellis and the convener met on August 7, when it was decided to send notice of the bursaries to the provincial secretaries, asking them to give publicity through local registries and alumnae associations. An application form was decided on, with certain information for candidates, to be given out with the application forms by the provincial secretary. The full committee met at the School for Graduate Nurses, McGill University, on August 29 at 2.30 p.m., adjourning at 9 p.m. Miss Kathleen Russell, Toronto, who was in the city was asked to sit in at the meeting. Miss Martineau assisted with awards to French-speaking candidates.

First, the following policies were decided upon:

That funds for bursaries be used for study in Canada only. (We have since been informed that this was the wish of the Government).

That approximately $2,500. be ear-marked for French-speaking applicants.

That a contract be required from recipients of bursaries for at least one year's service in the field of nursing for which preparation is secured, and that the recipient be asked to defer military services until the contract is fulfilled. (The Government has since suggested a contract for the duration).

That applicants who enrolled for university courses after the announcement was made be given first consideration. That the Montreal members of the committee be authorized to deal with applications received after August 29, 1942.

The sixty applications which had come in were then considered and, in view of this large number, the maximum individual award was set at $500. Thereafter, the committee met weekly until the end of September so that applications were given prompt attention. In all 45 awards were made out of a total of 112 applications, with a sum of $7,000 kept in reserve for applicants wishing to take shorter post-graduate courses in hospitals, in public health nursing or in universities. For the latter courses, an announcement appeared in the November issue of *The Canadian Nurse* and bursaries will be awarded under the following conditions:

Candidates must have had at least six months experience, following graduation, in the field of nursing in which they wish to take clinical post-graduate work (with certain exceptions such as neuro-surgery).

Candidates must hold a matriculation certificate or its equivalent and be graduates of an approved School of Nursing and members in good standing of the Canadian Nurses Association.

Candidates must sign a contract for a year's service following the course. Confidential reports as to applicant's personality, interest and potentialities will be required.

The maximum amount of the bursary will be $250 depending on travelling expenses, cost of course, etc.

The application must be made before December 31, 1942. A detailed application form (including health record) will be required.

In making awards, the Committee tried to select those whose references indicated that they would contribute most to nursing in Canada afterwards and, at the same time, tried to distribute the

Province	*Applications*	*Awards*		*Total*
Alberta	13	4		$1,965
British Columbia	12	4		1,600
Manitoba	19	7		2,765
New Brunswick	6	3		1,330
Nova Scotia	5	3		1,400
Ontario	18	7		2,650
Quebec	24	10	9 (French 1 English)	3,025
Prince Edward Island	2	1		265
Saskatchewan	14	6		3,000

awards between the provinces and between public health and teaching and supervision. The foregoing table shows how this has worked out and, according to provinces, the awards were as tabulated therein.

Out of a total of 45 awards, 25 were made for courses in public health nursing and 20 for courses in teaching, supervision and administration in schools of nursing.

Many difficulties have presented themselves in deciding on the awards. The grant was not announced until the end of July and universities open in September, so the situation was almost an emergency and plans had to be made quickly and, this being the first grant, there was no previous experience to serve as a guide. Applicants wished to be sure of a bursary before applying to University and the Committee wanted to be sure that the applicant would be accepted at the University before awarding a bursary.

As no deadline could be set for applications to be in, it was not possible to consider all at the same time. There was no way of predicting how many might come from any one province or for any one field of work. Some centres sent in many applications, others none. Thus, in some provinces, awards went largely to one city. Then, too, it had been urged that young and promising members of graduating classes be selected and prepared for positions of responsibility. This brought up the question—is an inexperienced nurse good material for post-graduate work in a university? Or, if sufficient well-recommended experienced applicants present themselves, should the new graduate not be urged to obtain at least a year's experience before receiving a bursary? In some instances, references came in much later than the applications, and all applicants were not well recommended. Students in the five-year course applied for bursaries to complete their fifth year. Nurses who had accepted positions of responsibility a few months ago applied, and nurses already well qualified to do the work they were doing, applied. In these two latter instances, your committee felt that applicants would be of greater service continuing in their present work. Almost 30% of the applications were incomplete. Many inquiries were received as to where courses were available other than those announced in *The Canadian Nurse*. Many air mail applications arrived with insufficient postage, using up unnecessary money and time.

In the light of the above statements, the following recommendations are made:

That, in the event of approaching the Canadian Government for another grant, every effort be made to obtain an announcement not later than April 1, 1943, in order to give time for publicity. A notice could then appear in *The Canadian Nurse* and thus all eligible nurses would or should be reached. That a list of available courses be published in *The Canadian Nurse*.

That applications be sent in before a specified date—(say May 1, 1943) to the provincial secretaries. That if bursaries are to be awarded in the future, applications be submitted first to the provincial association of which the applicant is a member, and that each provincial association appoint a committee to select for recommendation to the bursary award committee the most promising candidates.

F. MUNROE
Convener
Bursary Award Committee

How the Federal Grant is Used in the U.S.A.

Editor's Note : Now that we in Canada have a Federal Grant of our own, it is both interesting and profitable to study the purposes for which a similar but much larger appropriation is being used in the United States. The following excerpts are taken from an article entitled "Your Federal Appropriation", by Mary J. Dunn, which appears in the November 1942 issue of *The American Journal of Nursing* :

When the new federal appropriation of $3,500,000 for the fiscal year 1942-1943 became available, effort was made to acquaint all accredited schools of nursing with these funds. and the purposes for which they might be used. Federal funds have been authorized for the following types of programs :

Basic training programs for undergraduate or student nurses.

Refresher courses for inactive nurses.

Post-graduate programs of study in the various nursing specialties.

A school of nursing is entitled to receive federal aid for its basic program of study provided :

It is connected with a hospital having a consistent daily average of 100 or more patients, or a consistent daily average of 90-100 patients if satisfactory affiliations are provided.

The school and the hospital providing the clinical experience are accredited or approved by the appropriate accrediting agencies.

The clinical facilities are adequate for the number of students enrolled.

It can increase its admissions over those of the year 1940-1941, or is in need of scholarships for qualified students who lack funds. Each student receiving a scholarship from a school and derived from federal funds is expected to declare her intention to serve at the completion of her program where most needed in the field in which she is best qualified to serve.

A school of nursing is entitled to receive federal aid for refresher courses provided :

It is accredited by the appropriate agencies.

Qualified nurse instructors are responsible for the program.

The course is not less than two months or more than three months in length, with a satisfactory balance of theory and practice.

The students declare their intention to practise nursing at the completion of the course.

An institution is entitled to receive

federal aid for a post-graduate program of study provided :

It is accredited by the appropriate agencies.

It offers satisfactory programs of study, including supervised field experience.

The students declare their intention to serve in situations in which they can make the greatest contribution.

Funds are allotted by the U. S. Public Health Service directly to participating schools for the following purposes :

Scholarships for qualified needy students.

Additional instructors and instructional facilities commensurate to the increased student enrolment.

Subsistence, including housing, food, and laundry, during that portion of the program, when the student is not rendering any appreciable service to the institution (usually the first six months).

Expansion of clinical experience through affiliation with other institutions or agencies.

Funds are not to be used for any students who are more than three years from date of graduation. In other words, federal funds are to be used for the clinical portion of the nursing program of study and not for the pre-nursing portion.

The maximum amount allowable to an eligible school of nursing is as follows :

$300 per capita for every increased admission over the 1940-1941 admissions. This $300 per capita is modified in accordance to date of student admission.

$50 per capita for those students (now second-year students) admitted in 1941-1942 through federal funds, and remaining in the school.

An average of $50 per capita for affiliations for second and third-year students provided the school was able to increase its admissions last year or proposes to do so this year.

Tuition scholarships for qualified needy students (and this in addition to the basic per capita allowance for student increase.) Such scholarships may be requested by an eligible school, even though it is unable to show an increase in admissions.

In making federal allotments, the total school budget is studied to determine the student per capita cost requested from federal funds in relation to the total school cost. After determining the ceiling or maximum federal amount which any given school of nursing may receive, the next question is the allocation of the total amount among the various budgetary items. Here again certain criteria are used as guides although so far as possible allotments are made in accordance with the itemized request of the school. An additional instructor's salary may be requested for an increase of every 15 students. These additional instructors may be employed and salary paid beginning two to four weeks before the date of admission of proposed class. One half the salary of a clerk may be requested for an increase of every 30 students.

It is the aim of this program that scholarships be provided so that no qualified student will be barred from entering a school of nursing because of lack of funds. Subsistence may be requested under the separate items—housing, food, and laundry—for first-year students representing increased admissions and for that period during which the number of hours of nursing practice in the hospital does not exceed 30 hours a week. Full maintenance must not be requested for a period exceeding six months.

Housing continues to present a serious "bottleneck" in the admission of increased numbers of students. Federal funds may be used for renting additional dormitory space. When this is done and a school obligates itself to rent on a yearly basis, a certain amount of federal

funds may be used for the housing throughout the first year for students represented in the increase. Also, limited funds may be requested for housing graduates outside the nurses' residence as a means of providing additional quarters for the increased number of students, and this requested in lieu of student subsistence. Limited funds may be used also for converting certain existing facilities and space into living quarters for the further expansion of the school. A limited amount may be allocated to classroom facilities, including equipment and supplies, school office supplies, and library. The maximum amount allowable to an institution for the training of graduate nurses is $100 per month per student, and in no instance is to exceed $500 for any one student. Requests for tuition scholarships shall not exceed 50 per cent of the anticipated enrolment.

The Advisory Committee has encouraged the establishment of centralized teaching plans as a means of economizing such resources as instructional personnel, equipment, and clinical facilities of a group of schools of nursing during a certain period of time or for certain courses. In some instances (1) all funds are paid to the school offering the central program; (2) a portion of the funds is paid to the school offering the central program and a portion to the participating schools; (3) all funds are paid to participating schools which reimburse the school offering the central program.

The payment for tuition and entrance fees may be requested as soon as the students have enrolled in the school.

Have you the Conference Habit?

Do you suffer from the great conference habit?

This habit has been growing amazingly in the past several years. Originally it started with the very good idea that, because business organizations were spreading out and personal contact was difficult to maintain, team-work could be promoted by bringing the men together every so often from departments and branches.

But nowadays, wherever two or three are gathered together, even in everyday routine talk, that is sanctified by the term "conference".

Not long ago a new manager took charge of a busines so hypnotized with the conference idea that it was falling to pieces. Able men were quickly lost because they could get nothing done. No matter what project was proposed, the conference crowd held an autopsy on it. The bigger it happened to be, the greater the necessity for careful consideration they said.

A preliminary conference debated the matter, and clearly brought out all the objections against it, and reduced initiative and energy to doubts and delays. Then all the misgivings were handed over to subcommittees, who held other conferences upon them, until finally the project was set aside altogether, to wait until times got better or the weather changed. That business had degenerated into an organization of debating clubs.

What the new manager did was very simple. Going back to first principles for debating societies, he applied ordinary parliamentary rules to hold discussion on the track and run it on schedule, and wielded the gavel on anybody who tried to wreck the train or lead it off on a ramble through the woods. He cut down on the number of conferences, and anyone who attended one of this manager's conferences, got enough things to do to keep him busy for a week, with full authority to carry them out, and the obligation to come into the next conference bringing the results.

— *Canadian Business*

Last Post

NURSING SISTER AGNES W. WILKIE

In the November issue of the *Journal* the brief announcement was made that Nursing Sister Agnes W. Wilkie, a member of the Nursing Service of the Royal Canadian Navy, was among the missing after the sinking of the S. S. Caribou as a result of enemy action. Her body was subsequently recovered, and the *Journal* is indebted to Matron Stibbard, Nursing Service, Royal Canadian Navy, and to Miss Syretha Squires, Director of Departmental Nursing Services of Newfoundland, for sending an account of the dignified and touching ceremony which marked the burial of the first Naval Nursing Sister to make the supreme sacrifice in this War. The description which follows is quoted from The Daily News, St. John's, Newfoundland:

On a rugged, windblown hillside in Newfoundland, her Naval comrades laid to rest all that was mortal of Agnes W. Wilkie, first Nursing Sister of the Royal Canadian Navy to make the supreme sacrifice in the present war. She lost her life when S.S. Caribou, Newfoundland Ferry Ship, was sunk by an enemy submarine in the Cabot Strait. In the chill of a blustery autumn afternoon, they bore her Union Jack draped casket down the slope of St. John's Mount Pleasant Cemetery to her last resting place—a spot that is forever Manitoba—because she was a Manitoba woman and, having dedicated her life to the healing of others, answered her country's call early and went forth to serve. She was appointed to the Royal Canadian Naval Hospital at St. John's where she became Assistant Matron and she had just completed her first leave as a Naval Nursing Sister—a visit to her parents in Carman, Manitoba.

She and her hospital companion, Miss Margaret M. Brookes, R.C.N., of Ardath, Saskatchewan, kept together after the torpedo struck. They clung determinedly to the same raft for more than two hours and then Nursing Sister Wilkie lost consciousness. Just before dawn, the seas became so rough that Miss Brookes could not hold on to her friend any longer.

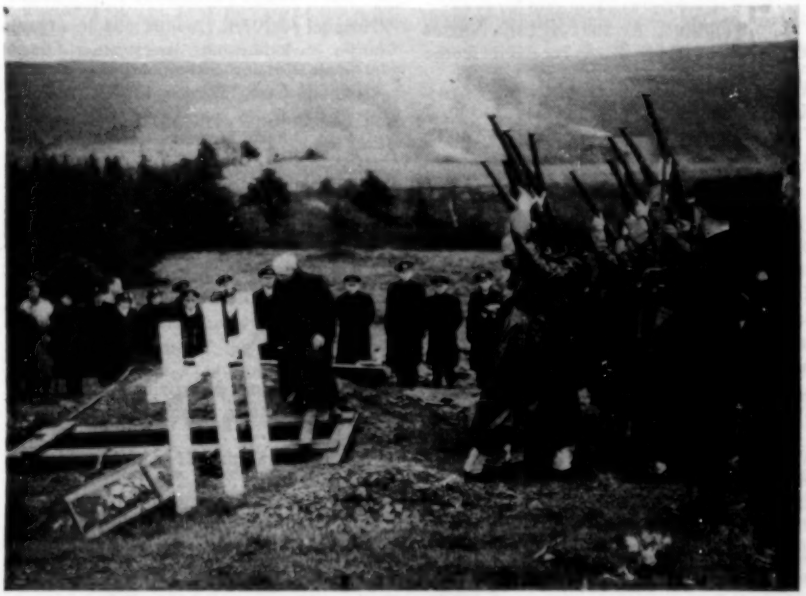
"She wasn't hurt, neither did she suffer for long", said Miss Brookes, who was rescued when a rating on the rescue ship dived overboard and picked her up. "I think the cold and the constant splashing of the waves over us was just too much for her. Had I only had two hands with which to hold her, but I had to hang on with one and I was so cold and numb that I didn't seem to have any strength left".

The body of Nursing Sister Wilkie was the first to be reclaimed from the sea. The remains were brought to Port aux Basques and thence were sent on to St. John's escorted by Paymaster-Lieutenant Eric N. Wright, R.C.N.V.R., a Naval Officer from the late Nursing Sister's native province. The funeral,

with full Naval honours, took place the same day from Cochrane Street United Church. The service was conducted by Rev. G. Roy Inglis, Chaplain of the Royal Canadian Navy, assisted by the pastor, Rev. Clifford Knowles. Commodore E. R. Mainguy, R.C.N., Flag Officer Newfoundland Force, paid his respects both at the church service and at the graveside, while the Nursing Sisters from the R.C.N. Hospital, led by Matron E. I. Stibbard, attended in a body, as did the R.C.N. Surgeons, headed by Commander A. L. Anderson, Base Medical Officer. All other Naval establishments were represented, as well as medical officers and nurses from all other services, including those of the United States.

Colours of the ships in Harbour and of the shore establishments were at half-mast and the Firing Party and Naval Escort were lined up outside the Church as six Sick Berth Attendants, who had worked in close association with the late Nursing Sister, carried the casket.

The rain beat down as the cortège wended its way along the cemetery path to the graveside. The Chaplain intoned the burial prayer "ashes to ashes, dust to dust". Three volleys rang out and, as the notes of the "Last Post" died away in the stillness of the afternoon, Commodore Mainguy stepped to the open grave and brought his right hand up in final salute. It was then that a shaft of sun breached the slanting rain and threw its rays on the casket.



The Final Salute

Obituaries

MRS. FENTON (Helen Schonnop) died recently. Mrs. Fenton was a graduate of the School of Nursing of the Montreal General Hospital and a member of the Class of 1929.

MARY NUNN, a graduate of the School of Nursing of the Brockville General Hospital, and a member of the Class of 1896, died recently. Miss Nunn served mostly in the private duty field, latterly in Alexandria Bay, New York, where, shortly before her death, a group of nurses named themselves "The Mary Nunn Nursing Group".

In 1916, Miss Nunn went overseas on military service and became a member of the Imperial Military Nursing Service. She was assigned to a hospital where a great many wounded German prisoners were received. Miss Nunn was invested with the Royal Red Cross by King George V. Later she went to France with the No. 3 General Hospital.

At the graduation exercises in 1940, the occasion of the fiftieth anniversary of her training school, Miss Nunn presented the hospital emblems to the graduating class and was also the special speaker at the reunion banquet.

British Nurses Relief Fund

Contributions to the British Nurses Relief Fund have been received from:

Nova Scotia:	
Halifax Branch	$30.00
Valley Branch	10.12
Antigonish-Guysborough-Inverness-Richmond Branch	10.00
Ontario:	
Districts 2 and 3:	
Simcoe Nurses Registry	170.00
Kitchener nurses	150.00
Brantford General Hospital nurses	11.00
Stratford General Hospital nurses	31.75
District 4:	
A. A., Hamilton General Hospital	30.00
Nurses of Mountain Sanatorium, Hamilton	18.10
Welland Graduate Nurses	6.00
District 5:	
A.A., Hospital for Sick Children, Toronto	8.00
A.A., Toronto General Hospital	150.00
Public Health Nurses Association, Toronto	130.00
Victorian Order of Nurses, Toronto.	16.45
Private Duty Group, Toronto General Hospital	127.40
Chorley Park Nursing Sisters' Mess	25.00
Matron & Nursing Sisters, Military Hospital, Camp Borden	23.35
District 6:	
Nurses of Ontario Hospital, Cobourg	4.32
District 9:	
Parry Sound General Hospital nurses	5.00
Kirkland Lake nurses	15.75
Individual	1.00
Prince Edward Island:	
Graduate nurses, Charlottetown Hospital	15.00
Saskatchewan:	
Nurses of Melfort & District	19.61
Nurses of Rosetown Hospital, Rosetown	5.00
A.A., St. Elizabeth's Hospital, Humboldt	10.00
St. Elizabeth's Student Body, Humboldt	7.50
Kindersley married nurses & hospital staff, Kindersley	22.00
Graduate Nurses Association, Prince Albert	15.00
Individual donations	15.50

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association.

Health Education in the Regina Normal School

ELIZABETH SMITH

The program of health education in the Normal Schools of Saskatchewan is, of course, not new, Saskatchewan being one of the first provinces to include this course in the training of student-teachers. In the health program of every school, attention must be given first to the health of the student and second to health instruction. Provision for the health of the student involves all of the health services of the school.

One important objective of any teacher training school should be the selection of students without physical handicap. In Saskatchewan each prospective student is required to present, upon application for admission to normal school, a medical certificate of health and physical fitness. This plan presents some very obvious weaknesses but is becoming more and more effective. Immediately after admission to the school a record is made of the health of each student. This record includes a history of past illnesses, a record of the findings of the medical examination, an inspection of vision, hearing, throat and teeth. Each student is interviewed by the school nurse who then has a very good estimate of the individual health and health needs of the students. This initial health inspection is followed by a further medical examination where the need seems to be indicated. Continual necessary check-up is made in an endeavour to have all remediable defects corrected during the year. A report of the health of the student is given a very important place on his record card kept permanently on file in the school.

Health supervision of the students includes home visits in case of illness. Many young student-teachers are away from home for the first time. The nurse is often able to give assistance in securing medical attention as well as in arranging for nursing care of the patient. Such attention during illness is usually reassuring not only to students but also to parents. Home visits afford some opportunity for becoming acquainted with the housing conditions of the students. In the normal schools of Saskatchewan, a real attempt is made to assure suitable living accommodation. However, as complete control over this phase of the student life is not given the school, an approved list of boarding houses maintained at the school is not always used to the greatest advantage.

For the past twelve years, all student-teachers in Saskatchewan have been examined by specialists of the Anti-tuberculosis League of the province. The use of the fluorograph machine with recent classes has greatly speeded up the

examination which, when the project was first undertaken, included a physical examination and x-ray for each student. The value of this educational and preventive activity cannot be estimated. Through the years, several, who might have gone out into the professional field, have been withdrawn and given treatment at a time when it would be of greatest benefit. Others have been warned and assisted in building up a program of living most suitable for their needs. The co-operation of the provincial public health department in recent years has made it possible for students, so desiring to have the Wassermann Test. While this is done, as yet, entirely on a voluntary basis, it has been gratifying to note that the response is almost always one hundred percent.

A special feature of the health service of the Regina Normal School is the Mutual Benefit Society; this is a form of insurance duly licensed by the provincial government. Any student in attendance is eligible for membership upon the payment of a fifty cent fee for each term. From this fund are paid, at the end of the term, claims, approved by the executive of the society. Every term this insurance has proved its worth.

The teaching of health in the Normal School includes instruction in the following phases of a school health program: the health of the teacher, the maintenance of a healthful and attractive school environment, the health of children, and the interpretation of the courses in health as suggested in the curriculum of the elementary school. With the beginning of this term the Normal School year has been reorganized into three quarters of twelve weeks each. The work is classified under the headings of compulsory credit courses, now credit courses and optional additional courses in each quarter. Certain phases of teacher training are dealt with in one quarter of the year, others are completed in two quarters. Health education, however, is allowed an equal amount of time in each quarter and is a compulsory credit course. It is given, therefore, the emphasis which it rightly deserves.

First aid instruction, as outlined by the St. John Ambulance Association, is another feature of the health instruction in the Regina Normal School. Students who qualify receive the senior first aid certificate. One of the optional additional courses offered is home nursing. At present, a group of students is receiving instruction in the more useful aspects of caring for illnesses in the home. The importance attached to health teaching in the Normal School has been illustrated recently by the Department of Education. The outline of health instruction has been given first place in the revised curriculum for elementary schools.

During the past few years, conferences of superintendents of schools and instructors in Normal Schools have been arranged by the department of education. These conferences, I believe, are playing a very important part in securing better results in health programs of rural and town schools. The Normal School instructor has been given an opportunity to see the problems from the point of view of the person in the field. Superintendents, on the other hand, become more aware of the instruction given in the Normal School and know what should be expected of the teacher in carrying out a well balanced school health program.

While those interested are not complacently satisfied with all aspects of health work in the Normal School, nevertheless, it is felt that the program has much to commend it and that it has made a valuable contribution to the life of the province.

HOSPITALS & SCHOOLS *of* NURSING

Contributed by the Hospital and School of Nursing Section of the C. N. A.

The Toronto Committee on Instruction

MIRIAM GIBSON

What is the Toronto Committee on Instruction, what has it accomplished, and what is its value? For about twenty-five years, the majority of the schools of nursing of the city of Toronto have had a centralized system of instruction for those lectures which are given by the doctors, psychologists and chemists. The system started as the result of a shortage of lecturers during the war of 1914-1918. The schedule of lectures in this centralized system is arranged by the superintendents of nurses who meet in committee several times during the year at which time the instructors of nurses are invited to attend. Several of the instructors felt that it would be of advantage to the teaching group if occasionally they could meet to discuss their problems. The result was that on October 8, 1930, at a meeting of the Centralized Committee it was decided that an Instructors' Section of this committee should be formed, the organization of which was to be left to them.

The first meeting of the Instructors Section, held at the Toronto Western Hospital, was a most enthusiastic one. The ten hospitals comprising the centralized group were represented by seventeen members and at that time, only those nurses who were instructors of nurses in the hospitals became members of the Instructors Section. An account of this organization will be considered in two phases, the first phase covering the period from organization in 1930 to reorganization in 1935, the second phase covering the period from reorganization in 1935 to the present. The first meeting of the Instructors' Section was described as "a meeting of a group of nurses all of whom were interested in nursing problems". Their aims and ideals were high and their problems were many. A membership fee of one dollar was agreed upon and continued for two years. In 1932 it was decided to have a fee of one dollar for new members and an annual fee of fifty cents. The Section did not have many expenses so that the fees covered necessary correspondence, made it possible to purchase materials of aid in special studies, and provided occasional speakers for the meetings.

The plans for the following year provided for meetings to be held monthly, each of the hospitals in turn being responsible for the programme. Demonstrations were given in nursing procedures and papers presented which brought forth various questions, for example: could the procedure be simplified and could it be made uniform to all hospitals? Were certain requisites neces-

sary and why was this method used? A number of these discussions required considerable research to provide the accurate answers to the questions. At this point it may be well to recall that the Instructors' Section was a subcommittee of the Centralized Committee and that findings of this Section were referred to the superintendents for approval and adoption where necessary.

As the years went on, such topics of interest were studied as the various aspects of teaching; self-examination in the ways of teaching; the ratio of theory to laboratory and demonstration; the educational value of case studies; the new type of examinations and their advantages to the student and teacher. A study of the history of nursing in Canada was made in five periods from 1600 to 1933 and was presented to each member of the Section. At the time of the Silver Jubilee of the Canadian Nurses Association in June, 1934, this information proved to be of inestimable value to the narrator in the production of the pageant a description of which may be found on pages 363 and 366 of *The Canadian Nurse*, August 1934.

The activities of the Instructors Section created an interest which had never been anticipated. At a special meeting, during the Silver Jubilee, consideration was given to the advisability of forming an Instructors' Chapter as a branch of the Nurse Education Section, now the Hospital and School of Nursing Section, of the Canadian Nurses Association.

A resolution was forwarded to the general meeting to the effect "that a committee be formed within the Nurse Education Section to be known as the Committee on Instruction for the purposes of securing closer contact for the consideration of special problems". The outcome of this resolution was the forming of the present national committee.

The second phase began in November 1935 when the Instructors Section in Toronto gave consideration to the reorganization of the group to include all nurses concerned with the teaching of student nurses and to be known hereafter as the Toronto Committee on Instruction of the Nurse Education Section of the Canadian Nurses Association. The Committee on Instruction was now to include in its membership, nurse instructors and teaching supervisors from all qualified schools of nursing, schools of affiliation, and health agencies in and near Toronto. All members of the Committee were now required to be members of the Registered Nurses Association of Ontario and, as a subcommittee, we could no longer collect a separate fee. The few expenses of the local Committee have been carried since this time by special collections whenever necessary. New members have brought added experience and new ideas to the group which have broadened and stimulated interest in the many phases of the nurse education programme.

Nursing procedures must be thought of not only in relation to the hospital environment but of how they may be modified and applied to nursing in the home. Should not the student nurse in the field of public health be prepared to apply and to teach simplified nursing measures for the comfort of her patients? Is this not what is expected of the nurse in the home? At the request of the Committee on Instruction, student nurses from the various schools presented papers on "a month of public health experience", making a comparative study of the experience received by the students previously and that received at the present time. The changes which had been made proved to be of definite advantage to the student as it gave her a broader knowledge of the work in the health field. In past years, the student nurse spent her entire time in one branch

of the public health service whereas now she develops an understanding of the visiting bedside nurse, the school nurse, the work of the nurse in well baby clinics, the follow-up work in connection with hospitals and so on.

To what extent are extra curricular activities encouraged in nursing schools? This subject was studied and thoroughly discussed at several meetings and in 1927 resulted in the forming of an inter-school organization of student nurses in Toronto. This organization is still quite active and has created a very friendly relationship between the nursing schools. An inter-school dinner is held annually and, to develop good sportsmanship, there are tennis and basket ball tournaments. Occasionally the Committee on Instruction arranges for an entertaining and educational evening for the Inter-school Group. One programme took the form of a playlet on tuberculosis entitled, "It need not have been".

Throughout the life of the Committee on Instruction many topics of great interest and value in the educational field have been studied and discussed. In this year of 1941-42, at the request of the parent organization, an intensive study of national interest has been conducted on "uniformity in nurse registration examinations". There are only nine provinces in this great Dominion of ours but the variations in the examinations and methods of conducting these were found to be very numerous. What is to be done about this? What is the purpose of the registration examination? To examine the nurse on nursing is it not? Then on what subjects do we need to examine? Whatever our decisions may be, to quote from Professor Weir, the examinations must be "valid and reliable".

It is five years since the last meeting of the International Council of Nurses was held in London, England. The papers and reports presented by the various countries at that time were intensely interesting and are all the more so now. Read them again. When one stops to think, it is almost impossible to imagine what revolutionary changes will have taken place by the next meeting of that great organization. What part is nursing in Canada going to play in these great changes? Every individual must play her part. Instructors of nurses be on the alert.

R.N.A.B.C. Sponsors Refresher Course

A refresher course, sponsored by the Vancouver Chapter of the Registered Nurses Association of British Columbia, was given in Vancouver to inactive nurses from September 28 to October 9, inclusive. Of the 170 nurses who applied, 141 completed the course of lectures, and 70 continued on to obtain 40 hours of supervised hospital practice. The lecture course consisted of 20 hours of lectures and demonstrations in general nursing care, newer drugs, recent medical and surgical advances, the principles of pediatric and obstetrical nursing, nutrition, and anaesthesia. The Schools of Nursing of St. Paul's Hospital and the Vancouver General Hospital were most generous in extending their facilities, and allowing us to appoint, subject to their approval, paid supervisors to direct the hospital experience of the 70 nurses who took advantage of the offer.

Owing to capacity enrolment in this course, the Vancouver Chapter had felt it advisable to repeat it and to arrange again for hospital experience for those who have since felt the need to rally to the call. So, starting on November 16, the entire course was again presented.

FRANCES O. MCQUARRIE
Convener, Refresher Course Committee

Canada Year Book, 1942

The 1942 edition of the Canada Year Book, published by authorization of the Hon. James A. MacKinnon, Minister of Trade and Commerce, is announced by the Dominion Bureau of Statistics. The Canada Year Book is the official statistical annual of the country and contains a thoroughly up-to-date account of the natural resources of the Dominion and their development, the history of the country, its institutions, its demography, the different branches of production, trade, transportation, finance, education, etc. —in brief, a comprehensive study within the limits of a single volume of the social and economic condition of the Dominion.

Chapter 1 deals with the natural features of the country. History and chronology, and constitution and government are dealt with in Chapters 2 and 3, while the composition of the population, vital statistics, and immigration statistics are to be found in Chapters 4 to 6. Chapter 7 is a general survey of production. Chapters 8 to 15, inclusive, give detailed treatments of production in the leading industries of the country. External trade is discussed in Chapter 16 and includes a study of the tourist trade of the Dominion and the balance of international payments. Internal trade as distinguished from external trade is examined in Chapter 17. Transportation and communications is the subject of Chapter 18 and Chapter 19 is concerned with labour, wages and cost of living. Chapter 20 deals with prices of commodities and services with interest rates and import and export valuations. The public finance of Canada—Dominion, provincial, and municipal —is the universally interesting and important subject of Chapter 21, which also includes a treatment of national wealth and income. Finance, other than public, is dealt with in the next two chapters. Chapters 24 to 26 deal with education, public health and related institutions, and judicial and penitentiary statistics, respectively, and Chapter 27 with miscellaneous administration. The sources of official statistical and other information relative to Canada are given in Chapter 28, together with a list of the publications of the Dominion and Provincial Governments. The volume is carefully indexed, and includes several lithographed maps and many charts and diagrams.

Persons requiring the Year Book may obtain it from the King's Printer, Ottawa, as long as the supply lasts, at the price of $1.50 per copy; this covers merely the cost of paper, printing and binding. By a special concession, a limited number of paperbound copies have been set aside for ministers of religion, bona fide students and school teachers, who may obtain such copies at the nominal price of 50 cents each but application for these special copies should be directed to the Dominion Statistician, Dominion Bureau of Statistics, Ottawa.

Recognition of Merit

The good news that E. Muriel McKee, superintendent of the Brantford General Hospital, Brantford, Ontario, has been elected first vice-president of the American Hospital Association will be greeted with enthusiasm by the nurses of Canada. For nearly twenty years, Miss McKee has been the extremely efficient superintendent of a very active hospital that enjoys the respect and confidence of the important community which it serves so well. We have every reason to be proud of the enviable reputation which our nurse administrators have built up for themselves and this timely recognition of one of the ablest of them is most welcome.

It is also a pleasure to learn that Miss Priscilla Campbell, superintendent of the Public General Hospital, Chatham, and Rev. Sister Claire Maitre, superintendent of the Hotel Dieu Hospital, Windsor, Ontario, have both been admitted to membership in the American College of Hospital Administrators, Hearty congratulations to both of them.

STUDENT NURSES PAGE

Puerperal Thrombosis

A Study made by a group of Student Nurses

School of Nursing, Saskatoon City Hospital

The general cause of puerperal thrombosis is infection. Puerperal infection acts in two ways: first by alteration of the blood predisposing the thrombi distant from the site of the disease, and second, the infection may spread along the veins or to the veins directly causing thrombosis. Usually this condition is the end result of infection in the uterus which causes thrombus in the veins of the pelvis and thrombi travelling upward to the heart or down to the lower extremities. When the infection travels downward, the limb becomes swollen and painful and the skin is tense and white, almost translucent. It is very tender to the touch. If this infection proceeds from the uterus and attacks the cellular tissue around the veins, the condition is known as phlegmasia alba dolens.

In Mrs. B's case, she noticed her right leg becoming very painful the day following her delivery and, on the second day, her left leg also became quite painful. There was very slight swelling but it must have been a low-grade infection as there was no tenseness of the skin or the white marble effect. There apparently was no direct infection of the uterus in this case as the subinvolution and lochia were normal and there was no elevation of temperature. This infection may have come from the patient's teeth. They are very decayed and have been so for the past two years. Her last pregnancy was about two and a half years ago and, following that delivery, she had the same pain in her right leg only not as severe as at present.

The doctor ordered ichthyol ointment to be applied to the painful areas and the limb to be wrapped in lint. An electric cradle was kept over the patient's legs at all times and the heat kept on for alternate half-hours. This cradle kept the weight of the bed-clothes off the feet thus preventing any condition such as drop-foot developing. Heparin was given to the patient intravenously. This reduces the clotting time of the blood. The usual method of administration is intravenously in combination with physiological saline, in the strength of 1 c. c. to 100 c. c. of saline. The proper rate, and the number of days it is desirable for the administration to be continued, varies from case to case. Over-dosing must be carefully avoided, so competent handling must be ensured and frequent check must be kept on the blood-clotting time. At the beginning of heparin administration, Mrs. B's clotting time was 7 minutes and 45 seconds and slowly rose to 12 minutes.

Eventually, as the power of the blood to clot become lessened, the clots present in the blood stream are dissolved. Heparin was administered for 3 days at the rate of 24 c.c. per day which is considered an average dosage. The average length of administration is 12 to 14 days, overdosing being indicated by the clotting time exceeding 15 minutes. Heparin acts by preventing the conversion of prothrombin into thrombin.

Mrs. B. received this treatment for approximately one week and seemed to lose all symptoms of the inflammation. We tried to teach, through our nursing care, the hygienic habits which should be carried out at home such as the use of an antiseptic mouthwash to lessen the infection present in her mouth from decayed teeth and thus to prevent any recurrence of the condition. The patient was also informed of the free dental clinics which she could attend to have her teeth cared for.

This condition not only occurs in post-partum cases but may also occur during pregnancy. We recently admitted a patient whose diagnosis was thrombophlebitis. She is seven months pregnant and complained of tenderness over the femoral vein and pain in the calf of her leg. There is some swelling of the ankle and lower leg but no elevation of temperature and it is apparently a low-grade infection. This is an unmarried woman and her doctor suggests that there is a possibility of introduction of infection in the uterus by attempts to interfere with pregnancy. The treatment was hot fomentations to the entire leg and sulfathiazole in appropriate dosage. Nursing care in these cases is to keep the patient very quiet, preventing the movement of the limb as much as possible. Under no circumstances is the limb to be massaged as this may cause a bit of the clot to break off thus causing an embolism. Special care is given to the pressure points to prevent bed-sores. Later on, when signs of inflammation are gone, the doctor may prescribe gentle massage. Thrombo-phlebitis is preventable by good pre-natal care starting in the first few months of pregnancy and good surgical technique being carried out during labour and careful technique in post-partum care. The prognosis may be quite serious but not usually fatal.

Femoral phlebitis or thrombosis is a complication usually occuring following operations on the lower abdomen. It may be due to a simple clotting of the blood in the veins, a result of insufficient circulation or of some obstruction to the venous return. When it is associated with some acute inflammation elsewhere in the body, such as appendicitis with peritonitis, an actual inflammation of the vein may also occur. The first symptom is usually a pain or cramp in the calf of the leg. A day or so later, a painful swelling of the entire leg occurs, often associated with a slight fever and sometimes chills and sweats. The swelling is due to a soft edema which pits easily on pressure. There is marked tenderness over the anteromesial surface of the thigh and the vein may easily be palpated. The utmost care must be given lest the clot be dislodged to form an embolus. Massage is definitely contra-indicated and the leg is kept very still, elevated on pillows, flexed slightly at the knee and kept moist with compresses of saturated magnesium sulphate or Wright's Solution.

Internal Medicine and the Student Nurse

D. M. Baltzan, F.R.C.P. (C)

The beginner in her career as a nurse is confronted with many difficulties. Learning strange names of things is not one of the least of her troubles. Many terms in common usage cannot be clearly defined. They can only be explained in order to be understood. Internal medicine falls into this category. The word "medicine" is applied to the whole practice of recognized procedures in the healing art. The field is a very wide one and includes medicine, (in this sense a subdivision) surgery, midwifery, and allied specialties. When one states he practises medicine it may mean either covering the general field or limited to the division of medicine, which implies a restricted field. However, a simple explanation clarifies the meaning. It must be understood there is only an arbitrary boundary line separating the subjects included under medicine and surgery except in the classical conditions. The beginner should realize right at the start that these practices, medical or surgical, are complementary and not opposing schools of thought and procedure. The difference of approach, by surgical or medical means, depends only on the nature of the malady. A frank pneumonia never calls for surgery. A large clean cut in the flesh always requires surgical repair. Some conditions lend themselves to medical treatment, or surgical correction or both. The final decision is a matter of choice based on experience and judgment. It is not a compromise between deliberate and opposing points of view.

Ailments which are not strictly surgical or which do not belong to the surgical specialties are medical problems. Besides the terms "medicine" and the "division of medicine", there is also the term "internal medicine". Again, an exact definition of the latter cannot be made. The conception of that which is implied in the term "internal medicine" is conveyed in a passage written on this subject, with authority, by Dr. O. H. Perry Pepper: "When the mass of information and of technic grows so large that it can no longer be included in the general knowledge of the practitioner; then it is allotted to that certain group who willingly learn this at the cost of all else". In other words, greater expertness and more profound knowledge in the division of medicine becomes a prerequisite.

That degree of special knowledge in this branch of the practice of medicine is not required of the student nurse or the graduate nurse. Every nurse must have a working knowledge of the maladies covered by the subject so that she may competently apply her acquired skill in the nursing care of the patient. She does not need to possess even a condensed pocket-book edition of all the data of an ailment. Unfortunately, this is what most textbooks on medical nursing set out to give her. In our schools for the training of nurses, the aim is to give the pupil a comprehensive understanding of the principles involved in the course and management of most diseases commonly met. The object is to introduce the student to, and familiarize her with, the main illnesses and help her understand the process by reasoning rather than by implanting an encyclopaedic accumulation of information committed to memory.

It is necessary for the nurse in at-

tendance to understand the type of ailment for which the patient is under treatment. Otherwise a trained attendant who can read a thermometer, count the pulse-rate, serve the prescribed food and medicine and make the patient comfortable is quite sufficient. There is, by the way, an increasing demand for this type of service and provision for it will evolve in our scheme of things to come. But the trained nurse today is being prepared to act as a collaborator in the management of the sick and ailing. Amongst other things, she is expected to make and chart her observations. She does not advise or make recommendations if she recognizes her limitations—and proverbially, if she knows what is good for her! Her knowledge of the patient's progress and her ability to recognize foreboding signs helps greatly in directing the future course and the ultimate outcome of the illness.

Nurses specialize by post-graduate study to become skilled in surgical technique, pediatrics, obstetrical practice, and public health nursing. Choosing to specialize and the choice of specialty is a matter of inclination, aptitude, and love for a particular field. Sometimes, perhaps, it is a matter of the line of least resistance. The former motive is the only one enduring, the latter is "stale and unprofitable". It is regrettable if there should be a lack of interest on the part of any recent graduates in the "medical" illnesses. The sick man with a bad heart, the lingering kidney disease of a child with scarlet fever, and the exhausted mother who is a physical wreck are to some not attractive "cases". To watch the dramatic recovery from shock in an acute hemorrhage, or to watch the return to normal of unconsciousness induced by the administration of an anaesthetic for the purpose of an operation is more exciting.

In reality the acute and trying lengthy illnesses are a challenge to the soundness of one's knowledge, initiative, resourcefulness, patience and endurance. If the nurse's enthusiasm is lacking and the illness seems unattractive it may be traced to a lack of appreciation of the processes at play in the battle for health. If the nurse comprehends the difficulties encountered in the diagnosis, the obstacles that crop up in treatment, the threat of imminent complications, the uncertainties about recovery and if she is aware of the disabilities that may follow, there is enough in all of this to keep her absorbed. Omitting this, she cannot even be an enthusiastic "fan" and feelingly cheer the winner.

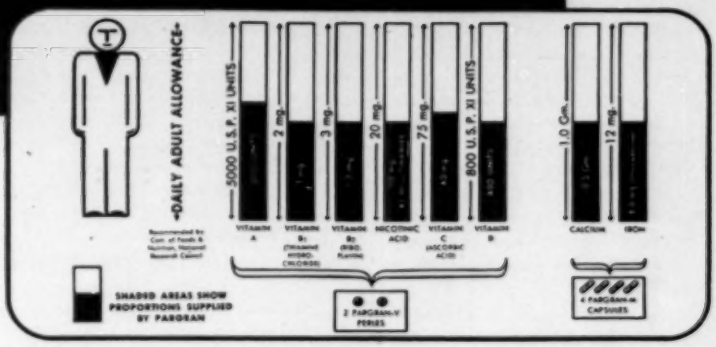
That is largely the answer to the question why so much time is spent in teaching the nurse "things which she does not use". The purpose is to use this knowledge as intended. If she fails to make use of much that she is taught she may still be a competent servant but she is not an intelligent helper. A thorough knowledge constantly employed is to her advantage. It is her only source of inspiration outside of her charitable deeds. Otherwise boredom and monotony overtake her. She must persevere or she will soon look for the spectacular to keep her spirits buoyed. That escape is only superficial because the student who choses to play the role in life along the side of the sick and needy enters the profession with a serious frame of mind. For a less exacting occupation, there are other equally useful pursuits.

A Real Advance

IN THE FIELD OF NUTRITION

PARGRAN-V (Squibb Multivitamin Perles)

PARGRAN-M (Squibb Calcium-Iron Capsules)



GOVERNMENT authorities estimate that the chances are three to one against the average family getting enough of the foods that are needed for the efficiency and stamina upon which our success depends. There is need then, for a balanced vitamin-mineral supplement for use where food sources are inadequate.

Based on the new trend in multivitamin and mineral therapy, the House of Squibb provides Pargran-V and Pargran-M—two products which, as shown on the chart—

- supply in proper balance the vitamins and minerals most generally lacking in the diet;
- embody the recommendations of the Committee on Food and Nutrition of the National Research Council, U.S.A.;
- afford flexibility of dosage—supplying vitamins or minerals or both—in ¼, ½, ¾ or the full recommended daily allowance;
- provide the advantages of convenience and economy.

Write now for complete information about Pargran-V and Pargran-M and for the new authoritative booklet, "Practical Nutrition." Address 36 Caledonia Rd., Toronto, Ontario.

E·R·SQUIBB & SONS OF CANADA, Ltd.

MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858

Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

Miss Jessie M. Beard, a graduate of the Guelph General Hospital and of the course in public health nursing, University of Toronto, has been appointed to the Toronto staff.

Miss Jean Gilbert, Miss Dorothy E. Speck, and *Miss Jessie Wallace,* all graduates of the Toronto Western Hospital and of the course in public health nursing, University of Toronto, have been appointed to the Toronto staff.

Miss Marion E. Scholfield, a graduate of the Hamilton General Hospital and of the course in public health nursing, University of Toronto, has been appointed to the Toronto staff.

Miss Jean Maxwell, a graduate of the Ottawa Civic Hospital and of the course in public health nursing, University of Toronto, has been appointed to the Burnaby staff.

Miss Florence Bell, a graduate of the Victoria Hospital, London, and of the course in public health nursing, University of Western Ontario, has been appointed to the East York staff.

Miss Elizabeth Lighthall, a graduate of the Vancouver General Hospital and of the course in public health nursing, University of British Columbia, has been appointed to the Vancouver staff.

Miss Helene Decary, a graduate of the Sacred Heart Hospital, Cartierville, and of the course in public health nursing, University of Montreal, has been appointed to the Lachine staff.

Miss Jean McKenzie, a graduate of St. Joseph's Training School, London, has been appointed temporarily to the London staff.

Miss Bessie Bailie, a graduate of the Ottawa Civic Hospital, has been appointed temporarily to the Kingston staff.

Miss Audrey McGivney, a graduate of St. Joseph's Hospital, Toronto, and of the course in public health nursing, University of Toronto, has been appointed to the Kitchener staff.

Mrs. Colombe Jutras, a graduate of St. Mary's Hospital, Timmins, has been appointed temporarily to the Timmins staff.

Mrs. D. Harrison (Dorothy Cotton), who resigned from the Westbank Branch in March 1941, has been re-admitted to the Order and has been appointed nurse-in-charge of the Saskatoon Branch.

Mrs. Langler (Edith Richardson) who resigned in August 1940 to be married, has been re-appointed to the Timmins staff.

Miss Jean Myles, previously on the staff, has been appointed nurse-in-charge of the Timmins branch.

Miss Gladys Hergett, a graduate of the Foramingham Union Hospital, has been appointed temporarily to the Halifax staff.

Mrs. Elliott (Lucille McAllister), who resigned this February to be married, has been re-appointed nurse-in-charge of the Westbank Branch.

Miss Eileen Black has resigned from the Vancouver staff.

Miss Grace J. Noble, Miss Agnes O'Driscoll, and *Miss Bessie Harris* have resigned from the Vancouver staff and are serving with the R.C.A.M.C. Nursing Service.

Miss Minnie Sutherland and *Miss Laura Wheelband* have resigned from the Hamilton staff and are serving with the R.C.A.M.C. Nursing Service.

Miss Madeline Smith has resigned from the Hamilton Branch to take a post-graduate course in public health nursing.

Miss Frances Pearl and *Mrs. M. R. Beavis* have resigned from the Montreal staff to do other work.

Miss Elsie Cropper has resigned from the Border Cities staff and has accepted a position as school nurse in London, Ontario.

Miss Fern Barker has resigned as nurse-in-charge of the Stratford branch and is serving with the R.C.A.M.C. Nursing Service.

Miss Jean Whiteford has resigned as nurse-in-charge of the Saskatoon branch and has accepted a position with the Air Observer School in Winnipeg.

Miss Mary E. Roberts has resigned from the Toronto staff and has accepted a position with the Civil Service.

WANTED

Applications are invited from registered nurses for General Duty in a Tuberculosis Sanatorium of 360 beds. When writing please state previous experience, age, etc. The salary offered is $75 a month, with full maintenance.

Address applications to:

Miss M. L. Buchanan, Superintendent of Nurses, **Royal Edward Laurentian Hospital (Ste. Agathe Division)**, Ste. Agathe des Monts, P.Q.

(Formerly — The Laurentian Sanatorium)

WANTED

Applications are invited from Registered Nurses for **General Duty** in the Ottawa Protestant Children's Hospital. The salary is $60 per month, with full maintenance. Apply to:

Ottawa Protestant Children's Hospital, 635 Rideau St., Ottawa, Ont.

WANTED

Registered Nurses are required for **charge** and **general duty** by January 1, 1943, on Medical and Surgical Floors. Apply to:

General Hospital, Cornwall, Ontario.

WANTED

A fully qualified **Public Health Nurse** is wanted for tuberculosis follow-up work at the Sanatorium in Fort William, Ontario. Duties are to start on January 1, 1943. Further information may be obtained on application to:

Mrs. F. A. Sibbald, 406 S. Norah St., Fort William, Ont.

WANTED

Applications are invited for the position of **Class Room Instructress** for a 100-bed Hospital. Apply, giving qualifications, experience, and salary expected, to:

The Superintendent, General Hospital, Dauphin, Manitoba.

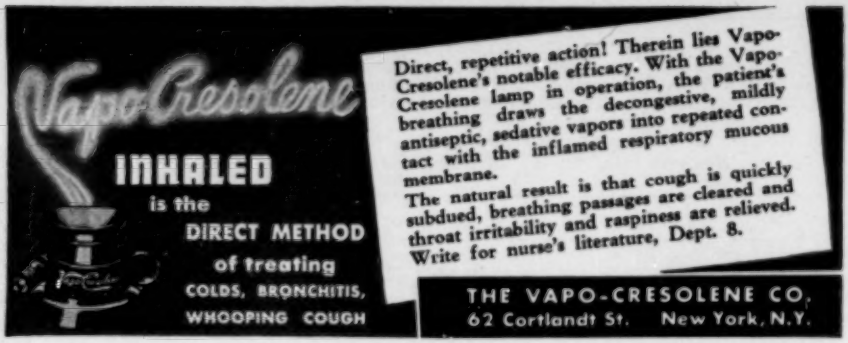
WANTED

A **Night** and **Day Supervisor** is required **at once** for a 60-bed Maritime Hospital, with training school.

An **Instructor**, who will be assistant to the Superintendent, is also required. Duties are to commence on **January 1.**

State training, experience, references, age, religion, and salary expected, when applying in care of:

Box 3, The Canadian Nurse, 1411 Crescent St., Montreal, P. Q.


Vapo-Cresolene
INHALED
is the
DIRECT METHOD
of treating
COLDS, BRONCHITIS,
WHOOPING COUGH
Direct, repetitive action! Therein lies Vapo-Cresolene's notable efficacy. With the Vapo-Cresolene lamp in operation, the patient's breathing draws the decongestive, mildly antiseptic, sedative vapors into repeated contact with the inflamed respiratory mucous membrane.
The natural result is that cough is quickly subdued, breathing passages are cleared and throat irritability and raspiness are relieved.
Write for nurse's literature, Dept. 8.
THE VAPO-CRESOLENE CO.
62 Cortlandt St. New York, N.Y.

WANTED

A Superintendent is wanted for a small hospital in New Brunswick. Applicants must be graduate registered nurses. State age, experience, and salary expected when applying to:

Board of Trustees, James Hamet Dunn Hospital, West Bathurst, N. B.

Miss Vera Allen has resigned from the Toronto staff and is attending the United Church Training School for Deaconesses.

Miss Almeda Hincks has resigned from the Toronto staff.

Miss Lillian Lawder has resigned as nurse-in-charge of the Cobalt branch and has accepted a position with the Department of Health in Fort Francis.

Miss Helen Waring has resigned from the Vancouver staff and is serving with the R.C.A.F. Nursing Division.

Miss Phyllis Bronson has resigned from the Cornwall staff and has accepted a position with the Department of Public Health, East York.

Miss Florence Greenaway has resigned as nurse-in-charge of the Timmins branch and is on leave of absence from the Order to take the post-graduate course in supervision at the McGill School for Graduate Nurses.

Miss Dorothy King has resigned from the Kitchener staff and is on leave of absence from the Order to take a post-graduate course in public health nursing.

Miss Helen Ferguson has been transferred as nurse-in-charge of the Yarmouth branch to take charge of the branch in North Bay.

Miss Bessie Seaman has been transferred from the Montreal staff to take charge of the Moncton branch.

Miss Dorothy Bluhm has been transferred as nurse-in-charge of the Smiths Falls branch to the Winnipeg staff.

Miss Mary Wade has been transferred from the Victoria staff to the Vancouver staff.

Miss Ellen Linton, who was temporarily nurse-in-charge of the Amherst Branch, has been transferred to the Smiths Falls branch as nurse-in-charge.

Miss Marjorie Scarr has been transferred from the Fredericton branch to be nurse-in-charge of the New Glasgow branch.

Miss Elizabeth Aylward has been transferred from the Sudbury branch as nurse-in-charge to take charge of the branch in Campbellton.

Miss Frederica Johanneson has been transferred from the Ottawa staff to the Winnipeg staff.

Miss Arlie Wright has been transferred from the staff in Porcupine to the Ottawa staff.

Mrs. Donalda Gillett has been transferred from the Woodstock (Ontario) staff to the Hamilton staff.

NEWS NOTES

ALBERTA

EDMONTON:

University of Alberta Hospital:

At the opening meeting of the Alumnae Association of the University of Alberta Hospital the following officers were elected to serve during the coming year: President, Miss A. Whybrow; vice-president, Miss B. Fane; treasurer, Miss M. Baxter; corresponding secretary, Mrs. N. E. Alexander; recording secretary, Miss D. Russell; social committee: Miss F. Beddome (convener), Miss I. Sloane, Mrs. N. E. Pound, Miss I. Revell.

Twenty-five dollars was voted towards sending parcels to graduates of the University Hospital who are on active service in England and Africa. Miss I. Sloane is the convener. Miss H. McArthur gave a report of the committee in charge of furnishing a rest room for the graduates at the Hospital. An interesting address was given by Miss J. Cogswell on her visit to Montreal to attend the C.N.A. convention.

BRITISH COLUMBIA

VICTORIA:

The Victoria Chapter, R.N.A.B.C., recently conducted a refresher course for inactive nurses. The teaching facilities of both St. Joseph's and the Royal Jubilee Hospitals were placed at the disposal of the Chapter. One hundred and fifteen enthusiastic women from Victoria and other centres on Vancouver Island attended the thirty-two hour course of lectures and demonstrations. The topics were as follows: new drugs, Miss D. Colquhoun; nutrition, Miss M. Lawrence; medicine and surgery, Sister Mary Claire; pediatrics, Miss C. Cockell; obstetrics, Miss H. Saunders; demonstrations of procedures and new treatments, Sister Mary Claire, Miss E. Nelson, Miss B. McKinnan, Miss L. Anderson, and Miss J. Dengler. As an adjunct to the course, supervised hospital experience is being arranged for those members of the class able to avail themselves of the opportunity. Sixty nurses have signified their intention to take this further work. Miss M. Dickson at the Royal Jubilee Hospital, and a graduate of St. Joseph's at St. Joseph's Hospital, will guide the activities of this group.

VANCOUVER:

A general meeting of the Vancouver Chapter, R.N.A.B.C., was held recently at

New *under-arm*
Cream Deodorant
safely
Stops Perspiration

1. Does not harm dresses—does not irritate skin.
2. No waiting to dry. Can be used right after shaving.
3. Instantly checks perspiration for 1 to 3 days. Removes odor from perspiration.
4. A pure white, greaseless, stainless vanishing cream.
5. Arrid has been awarded the Approval Seal of the American Institute of Laundering, for being harmless to fabrics.

Arrid is the LARGEST SELLING DEODORANT...Try a jar today ...at any store which sells toilet goods.

ARRID

39¢ a jar

AT ALL STORES WHICH SELL TOILET GOODS
(Also in 15 cent and 59 cent jars)

McGILL UNIVERSITY

School for Graduate Nurses

The following one-year certificate courses are offered to graduate nurses:

TEACHING AND SUPERVISION IN SCHOOLS OF NURSING

PUBLIC HEALTH NURSING

ADMINISTRATION IN HOSPITALS AND SCHOOLS OF NURSING

ADMINISTRATION AND SUPERVISION IN PUBLIC HEALTH NURSING

For information apply to:

School for Graduate Nurses
McGill University, Montreal.

ROYAL VICTORIA HOSPITAL
SCHOOL OF NURSING
MONTREAL

Courses for Graduate Nurses

(1) A three-months course is offered in Obstetrical Nursing. (2) A two-months course is offered in Gynecological Nursing. For further information apply to Miss Caroline Barrett, R.N., Supervisor, Women's Pavilion, Royal Victoria Hospital.

(3) A course in operating room technique and management is offered to nurses with graduate experience in operating room work. (4) Courses are also offered in medical nursing; surgical nursing; nursing in diseases of the eye, ear, nose and throat; nursing in urology. For further information apply to Miss F. Munroe, R.N., Superintendent of Nurses, Royal Victoria Hospital.

St. Paul's Hospital. Miss A. E. Jamieson, the president, was in the chair, and 50 members were present. Miss F. McQuarrie, convener of the refresher course committee, gave an encouraging report of the interest being taken in the proposed series of lectures. Miss M. Gray gave a report on A. R.P. work and encouraged private duty nurses to volunteer for duty in the posts. Most interesting reports were given by Miss M. Duffield and Miss L. Creelman of the General Meeting of the C.N.A. held in Montreal. Miss Duffield gave the highlights of the General Nursing Section and Miss Creelman gave a resumé of the Public Health Section, followed by coloured slides showing the Jeanne Mance uniform worn by the Alumnae Association of the Hotel-Dieu on special occasions.

Okanagan District:

The following officers were elected at the first district meeting of the Okanagan District: president, Miss E. S. McVicar, Vernon; vice-president, Mrs. L. Bennison, Revelstoke; secretary, Miss E. L. Williamson, Vernon; treasurer, Miss K. Dumont, Tranquille; conveners of sections: Public Health, Mrs. Martin, Vernon; General Nursing, Miss M. Erlandson, Vernon; Hospital and School of Nursing, Miss E. Davis, Kamloops.

NOVA SCOTIA

Kentville:

A regular meeting of the Valley Branch, R.N.A.N.S. was held recently at the Nova Scotia Sanitorium, with Mrs. Paul Webster presiding. An interesting talk was given by Dr. Eagles on statistics on maternal mortality from a recent survey.

Married: Recently, Miss Thelma E. Beck (C.M.H., 1941) to Mr. Charles Sangster.

ONTARIO

Editor's Note: District officers of the Registered Nurses Association may obtain information regarding the publication of news items by writing to the Provincial Convener of Publications, Miss Irene Weirs, 135 St. Clair Ave. W., Toronto.

District 1

London:

The Fall meeting of District 1, R.N.A.O., was held recently at the Victoria Hospital,

London. The executive committee met in the morning with Mrs. C. I. Salmon presiding, after which a delightful luncheon was served by Miss Hilda Stuart, superintendent of nurses, and her staff. The general meeting opened with the singing of "O Canada", followed by the Lord's Prayer. The reports of the Sections were very interesting, especially that of General Nursing, given by Miss Helen O'Mahoney. A copy of this report was sent to all Alumnae Associations in the District.

Miss Mildred Walker, president of the R.N.A.O., spoke of the contingency fund being established by the provincial body, quoting the need and the uses that it would be applied to. Mrs. C. I. Salmon reported on the General Meeting of the C.N.A. held in Montreal. Dr. Christian Sivertz, of the University of Western Ontario, was heard in a most interesting address on the significance of science in the present world struggle. Following the afternoon session, the Victoria Hospital Alumnae Association entertained the delegates at a wartime tea.

Miss Priscilla Campbell, superintendent of the Public General Hospital, Chatham, and Rev. Mother Maitre, superintendent of Hotel Dieu Hospital, Windsor, have been awarded membership to the American College of Hospital Administration.

Districts 2 and 3

BRANTFORD:

The nurses of Districts 2 and 3, R.N.A.O., held their annual meeting at the Brantford General Hospital, on October 20, with 85 nurses present. Greetings were brought by Mayor Ryan and Dr. Rudolph, president of the Brant County Medical Association.

Dr. E. Harris gave a very informative lecture on surgical shock, discussing the liberation of potassium into the blood stream and the resulting conditions, the loss of blood protein in the oozing of serum from burns and many more interesting points.

Industrial nurses are playing such an important part in Kitchener-Waterloo that they have organized as a group under the Public Health Section, meeting once a month in the different "hospitals" of the factories, where they discuss their common problems.

The following officers were elected for the coming year: chairman, Mrs. K. Cowie, Freeport; first vice-chairman, Miss L. Trusdale, Simcoe; second vice-chairman, Miss M. Hackett, Ayr; secretary-treasurer, Miss H. Muir, Brantford; convenors: General Nursing Section, Miss M. McKenzie; Public Health Section, Miss M. Thom; Hospital and School of Nursing Section, Miss M. Watson.

Public health nurses held their semi-annual supper meeting at the Iroquois Hotel,

"RICH MAN — POOR MAN"

CONSTIPATION — HYPERACIDITY
A UNIVERSAL COMPLAINT

For over 60 years Phillips' Milk of Magnesia has been standard therapy for laxative-antacid medication.
As a laxative, it is gentle and thorough. No griping or irritation.
As antacid medication, it is three times as effective as a saturated solution of sodium bicarbonate.
No carbonates liberated — no CO_2 bloating.
In two palatable dosage forms:

PHILLIPS' MILK OF MAGNESIA
(Liquid)
As an antacid: 2 to 4 teaspoonfuls
As a gentle laxative: 4 to 8 teaspoonfuls

PHILLIPS' MILK OF MAGNESIA
TABLETS
As an antacid: 2 to 4 tablets

We will send you a professional package on request.

PHILLIPS'
Milk of Magnesia

Prepared only by

THE CHAS. H. PHILLIPS CHEMICAL CO.
Windsor, Ontario

ULCER diets

Now made more palatable with RENNET-CUSTARDS

● Beginning the tenth day of the Sippy diet, many doctors add rennet-custards made with "JUNKET" RENNET TABLETS to the list of permissible foods. The rennet enzyme makes them more readily digestible than plain milk, and they form softer, finer curds.

FREE . . . Ask on your letterhead for our new book "Dietary Uses of Rennet-Custards", and for samples of "Junket" Food Products.

"THE 'JUNKET' FOLKS"
Chr. Hansen's Laboratory, Toronto, Ont.

"JUNKET"
TRADE MARK
RENNET TABLETS

MISS CASH Nurse.. what's your name?

Be identified by Cash's special style D-54 woven name on wider tape, on your sleeve or pocket. Special price to hospitals — $1 for minimum order of 1 doz. Reduction for quantities of three dozen and over.

CASH'S. 232 Grier St., Belleville, Ont.

HANGER
Limb Company

Inventors and manufacturers of the famous

Hip Control Limb

Endorsed by Surgeons, Governments, Industries, Offices the World Over.

Principal Canadian Offices
Toronto: 85 King St. W.
Montreal: 1409 Crescent St.
LA. 9810

Galt, with an attendance of 33. A demonstration of the Kenny method of treating poliomyelitis was given by Miss M. Blackwood of the Hamilton General Hospital. Ten of the members of the staff of the Galt Hospital and the Alumnae Association availed themselves of the invitation to attend the demonstration.

District 5

Toronto:

District 5, R.N.A.O., recently held a meeting which taxed the capacity of the large assembly hall of St. Michael's Hospital. More than 250 persons were present. The afternoon session was given over to business and reports were received from all committees and the outlying Chapters of Barrie and Oshawa.

From six to eight o'clock the meeting broke up into small parties and made their own plans for supper. One group was observed eating a Chinese meal with chopsticks and a Chinese interne and a nurse who has spent some time in China were trying to perfect the technique of the group. We all came back refreshed and looking forward to an interesting evening.

Miss Stella Sewell as "Quiz Master" had arranged a group of nursing experts to answer questions designed to clarify the multiplicity of nursing endeavours and to fit all these into the program of the R.N.A.O. When we mention the names of these experts you will realize that they are some of the nurses who are shaping the history of nursing during this present crisis. Among them were Miss Edna Moore, in her capacity of nurse consultant to the C.D.C. for Ontario; Miss Elsie Hickey, chief nurse warden for Toronto; Miss Madalene Baker of London, registry organiser; Miss Jean Mitchell, convener of the emergency nursing registration; Mrs. A. J. Bromley of the St. John Ambulance Corps, and Miss A. M. Munn, inspector of training schools for the province.

The speakers were Miss Elvira Manning, representing the Red Cross, on the blood donors clinic and registration of nurses for war and disaster; Miss Margaret Dulmage on the refresher course now in progress for married and retired nurses; Mrs. George Hannah of the Red Cross on the nursing reserve; Mrs. Maria Martin on the training of nurses' aids; Miss Matilda Fitzgerald, provincial secretary-treasurer of the R.N.A.O., on financial assistance, further education in nursing and the part of this organization in calling nurses for military service. Miss Moore, in summing up, stated that members of this organization are part of the International Council of Nurses and it is a privilege and duty in Canada to keep

the lamps of learning burning for those countries where organized nursing activities are not functioning. Dr. Frank Scott made a very strong appeal, as guest speaker, for the third Victory Loan. Miss Kathleen McNamara, chairman of the District, gave a splendid report of the General Meeting of the C.N.A. in Montreal.

Toronto Western Hospital:

A regular meeting of the Toronto Western Hospital Alumnae Association was held recently with the president, Mrs. Douglas Chant, in the chair, and a fairly large number of members in attendance. Mrs. Chant gave an interesting report of the C.N.A. Biennial Convention held in Montreal. Dr. Robert Laird, F.R.C.S., of the University of Toronto, spoke on the modern developments in surgery, giving the modern surgical treatment for fracture of the neck of the femur, ankylosed hip, sciatica, and chest surgery.

District 6

BELLEVILLE:

The Dr. Emma Connor Memorial Children's Ward has recently formally presented to the Women's Christian Association and the Belleville General Hospital by the Alumnae Association. This is a memorial to perpetuate in the minds of the citizens of Belleville the memory of one whose life was devoted to the care of others, especially little children. The members of the Alumnae Association have been zealously working over a period of years to raise funds for this enterprise and, in the completion of the furnishings and equipment of the ward, they have achieved a memorial worthy of one so honoured. Those attending were officers and members of the Alumnae Association, including the president, Mrs. Howie, and the past president, Nursing Sister Rita Fitzgerald, Kingston; Dr. James Semple, who officiated at the dedication; Mrs. W. C. Mickel and Mrs. J. R. Abrams, representing the Women's Christian Association; Mr. Mackenzie Robertson, chairman of the Board of Governors; Mr. Gordon Barclay, acting administrator of the Hospital; Dr. A. C. Locke, president of the Hospital Medical Board. Honoured guests were Mrs. W. Northcott, Mr. Northcott, Miss Dorothy Connor, Mr. William Connor, Miss Grace Connor and Miss Ina McCauley.

District 7

BROCKVILLE:

Recent enlistments in the Nursing Service

Even Youngsters take it Happily

• **For the prevention of dental caries**

• **To maintain calcium balance**

Many adults, and most children, find cod liver oil unpalatable — even causing gastric disturbance and unpleasant regurgitation. For these reasons they are hard to persuade to take needed doses to prevent dental caries and maintain calcium balance.

Ostogen-A gives the full therapeutic value of cod liver oil without any unpleasant taste, odour, or after effects.

Each drop supplies 500 Vitamin D Units and 1000 Vitamin A Units. The dose is two drops daily, from precision dropper. If prescribed in the larger size, the cost is but one cent per day.

Modes of Issue:

6 c.c. bottles $1.00 (78 days supply) — 15 c.c. bottles $2.00 (195 days supply)

Where Vitamin A is not essential:

OSTOGEN

may be prescribed in doses of from one to six drops daily from precision dropper. Each drop contains 1000 Vitamin D Units.

Modes of Issue: 6 c.c. and 15 c.c. bottles

Frosst

The Canadian Mark of Quality
Pharmaceuticals Since 1899

Charles E. Frosst & Co.

MONTREAL - CANADA

Where Quality and Price are Equal or Better
Prescribe Canadian Products

PSYCHIATRIC NURSING TECHNIC

By A. E. Bennett and Avis B. Purdy. The first book to deal specifically with the clearly defined technics established through the development of modern psychiatric medicine. $2.50.

LESSON GUIDE AND TESTS IN PSYCHIATRIC NURSING

By Evelyn P. Ferguson. For the instructor's use. This includes orientation, mid-term, therapeutic approach and final examinations. $1.60.

OBSTETRIC MANAGEMENT AND NURSING

By Henry L. Woodward and Bernice Gardner. A clear, logical and interesting discussion of obstetric management and nursing care. Includes a section on all the vitamins, new material on nursing care, new sections on sulfanilimide in infections, hemorrhagic disease and anemias of the newborn. $4.40.

THE RYERSON PRESS
TORONTO

DOCTORS' and NURSES' DIRECTORY
212 Balmoral St., Winnipeg
A Directory for:
DOCTORS, and REGISTERED NURSES
VICTORIAN ORDER of NURSES
(night calls, Sundays, and holidays ONLY)
PRACTICAL NURSES
Twenty-four hour service.
P. BROWNELL, REG. N., REGISTRAR

VENOUS DECONGESTIVE
NERVE SEDATIVE
LORAVINE
Drops for internal treatment of
Varicose Veins — Phlebitis
Hemorrhoids — Flushing
Troubles of the Menopause
EFFECTIVE - HARMLESS - ECONOMICAL
ROUGIER FRÈRES
350 Le Moyne St., Montreal.

of the R.C.A.M.C. include the following graduates of the Brockville General Hospital: Viola Allan, Isobel Beveridge, Doris Warren, Ferne Kennedy, Helen McLean, Betty Rothwell, Nora Ormerod, and Dorothy Shaver.

A very successful dance was held recently and the proceeds in part were given to the Blood Donor Clinic of the Brockville Red Cross for the purchase of chairs in the rest room of the clinic.

Miss Laura Logan (1933) is taking a course in x-ray work in Montreal and Miss Laura Johnson (1938) is taking a course in teaching at the School of Nursing of the University of Toronto.

The following marriages have recently taken place: Evelyn Vickers (1938) to Sgt. Everett Snider; Isabel Miller (1942) to Donald Ball; Helen Taylor (1942) to Sgt. Stanley Leslie; Doris O'Malley (1942) to Cpl. Gordon Lunman; Phyllis Race (1937) to Earle Saunders; Nora Louch (1938) to Lieut. Edward Raymond Sutton, R.C.A; Julia Cranston (1937) to Rflm. Wesley Lewis; Florence Southin (1935) to Fred Blackwell; Vera Davis (1936) to Clarence Babcock; Madeline Donald (1926) to Howard Bishop.

District 8

Ottawa Civic Hospital:

The following nurses have been appointed to the Nursing Service of the R.C.A.M.C.; Reta Seely, Margaret McDiarmid, Helen King, Violet Shea, Kathleen Hitching, Elsie Dunnett, Helen Rath. The following nurses have been appointed to the Nursing Service of the Royal Canadian Navy: Orlo B. MacInnes, Hilda Smith, Grace White, Beryl Collins, Mabel Lightfoot. Miss Eileen Armstrong has been appointed to the Nursing Service of the R.C.A.F.

Miss Bessie Jackson has been appointed as public health instructor in the Ottawa Civic Hospital and Mrs. Parsons (Alma Lindsay) has returned to the staff as ward supervisor. Mrs. Marylka Paetzel, Miss Elizabeth Fraser, Miss Dorothy Fraser, and Mrs. Miles (Madeline Swanton) have also been appointed to the staff.

Mary Sprott is giving anaesthetics in Watertown, N.Y. Vivian Kerr is doing private duty in Watertown, N.Y. Joyce Morrison is doing general duty in the Toronto Western Hospital. Bessie Bailey is on the V.O.N. staff at Kingston. Marjorie Wiber is doing general duty at the Vancouver General Hospital. Jean Maxwell is on the staff of the V.O.N. in Burnaby, B.C. Mrs. Moulder (née Cook, 1940) is on general duty at the Vancouver General Hospital. Mildred Brown (1942) is taking the public

health course at the School of Nursing, University of Toronto.

The following marriages have recently taken place: Kathleen Armstrong to James Graham; Elizabeth Penny to Arthur G. Downing; Joyce Stevens to Garnet McElroy; Jean Cameron to C. E. A. McNeill; Constance Wilcox to Richard Turley; Mary Steen to Dr. Don Caldwell; Marjory Frausel to Willard Menard; Lilli McEwan to D. W. Munro; Mona Ashton to Bert Patterson; Lois Kerslake to W. C. Hodgson; Laura Touzel to Dr. John Patton; Ethel Campbell to Gordon Moffatt; Leah Seigal to Mr. Mandel; Mary Egan to Dr. Grant Breckenridge; Myrtle Phillpot to Mr. Rehfus; Beatrice McCaul to Carson MacDonald.

QUEBEC

MONTREAL:

Montreal General Hospital:

Miss Allison Fraser (1942) and Miss E. Williams (1941) have been accepted as Nursing Sisters with the American Navy. Miss Doretta Reid (1940) has been accepted as a Nursing Sister with the Royal Canadian Navy. Miss J. Pugh and Miss E. V. Dixon (1942) have accepted positions on the staff of the Central Division. Miss Frances Sweezey, Miss M. B. Sweltzer and Miss R. Blackstock (1942) are on the staff of the Arvida Hospital. Miss M. E. F. Clunie (1939) has resigned from the staff of the Arvida Hospital. Miss Vivian Crouse (1942) is taking a post-graduate course at the Alexandra Hospital, and Miss M. C. Wallace (1939) has accepted a position on the staff of that hospital. Miss Elsie Schroeder (1942) has been appointed to the staff of the metabolism department of the Western Division. Miss M. E. Morrison (1942) has accepted a position on the staff of the Shawinigan Falls Hospital. Miss O. B. Johnson, Miss I. Johnston, Miss K. Hayward and Miss Hilda McLeod are doing floor duty at the Western Division. Miss Margaret Browne (1940) has resigned from the nursing staff of the Central Division and is engaged in the physiotherapy department. Miss Margaret McDonald (1939) and Miss Frances Fraser (1941) are taking a post-graduate course in obstetrics at the Lying in Hospital, Chicago. Miss O. C. Montgomery (1940) has resigned from the staff of the Central Division. Miss Hilaire Little (1940) has been appointed Nursing Sister with the R.C.A.M.C. Miss Elizabeth Ross (1939) has been appointed as Nursing Sister with the Royal Canadian Navy and is attached to the Allied Seaman's Hospital, Newfoundland.

The sympathy of the Alumnae Association is extended to Mrs. J. F. Carr (Eardley Wilmont, 1938) on the death of her hus-

VITAMINS ARE ESSENTIAL

The human body should be capable of withstanding stresses far greater than it is called on to meet in everyday living. Vitamins are essential. Ordinary diets usually fail to provide more than the minimal required amount of vitamins. Sometimes they even fail to supply the minimum. ¶ Young and old can be assured of an adequate vitamin factor of safety by daily Vi-Penta medication. Samples on request.

•

HOFFMANN-LA ROCHE LIMITED
MONTREAL TORONTO

VI-PENTA PERLES

DELEE AND CARMON'S OBSTETRICS FOR NURSES

Year after year, edition after edition, DeLee's "Obstetrics for Nurses" continues to be the leading nursing text in its field. From the opening chapter on through to the very last page, there is a clarity of expression, an orderliness of presentation and a specific regard for essentials that makes plain, down to the smallest detail, exactly those things that the student must thoroughly understand to carry out her duties with the patient, the newborn baby and as an assistant to the obstetrician. 651 pages, 292 illustrations. Cloth, $3.50. (An Outline for Teaching Obstetrics to Nurses sent free to Teachers on request.)

McAinsh & Co. Limited

Dealers in Good Books Since 1885

388 Yonge St. Toronto

The American Hospital Bureau

1825 Empire State Building
New York City

Offers to Hospitals in Canada and the United States a professional placement service for Hospital and Nursing School Administrators, Instructors, Supervisors, Anaesthetists, Dietitians, Technicians, and General Duty Nurses. All credentials personally verified.

C. M. Powell, R. N., Director

THE CENTRAL REGISTRY OF GRADUATE NURSES, TORONTO

Furnish Nurses
at any hour
DAY or NIGHT
TELEPHONE Kingsdale 2136
Physicians' and Surgeons' Bldg.,
86 Bloor Street, West, TORONTO
HELEN CARRUTHERS, Reg. N.

band, Leading Aircraftman J. F. Carr, R.C.A.F.

The following marriages have recently taken place: A. B. Craig (1939) to Robert Harvey; A. H. Seivewright (1940) to John Miller; Marion Scott (1939) to Mr. Dunlop.

Royal Victoria Hospital:

The residence of the late Mr. Charles Meredith has been given to the Hospital and is being converted into a nurses home for graduates.

Word has been received of the safe arrival in England of Nursing Sisters Bernice Bigley, Isabel Dickson, and Janet Ledingham. Nursing Sister Lilla Wright is with the Canadian Naval Hospital in Scotland.

Miss Elizabeth Fraser has returned to the V.O.N. after taking the public health nursing course at the McGill School for Graduate Nurses. Mrs. Kahr (Patricia Byrnes) is on the staff of the Metropolitan Nursing Service in Vancouver. Miss Elizabeth Lyster is with the V.O.N. in Dundas, Ontario. Miss Electa MacLennan has been appointed V.O.N. supervisor of the Maritime Provinces. Miss Mary Russell has been appointed head nurse on the third floor of the Ross Pavilion, and Miss Margaret Darling has joined the staff of the out-door department.

The following marriages have recently taken place: Marjorie Gruer (1938) to Flying Officer Fred Battison; Marjorie Fanjoy (1941) to Dr. William Hewson; Muriel Kelly (1941) to Duane Barr.

McGill School for Graduate Nurses:

Recent visitors to the School included Mrs. M. Keir MacGougan (Margaret E. Dixon, T. & S., 1940), Isobel M. Cation (T. & S. 1939), and Ray McKenzie (P.H.N., 1942).

Married: Recently, Margaret G. Scarratt (T. & S., 1941) to Dr. James Addison McCoubrey.

QUEBEC CITY:

Jeffery Hale's Hospital:

The first business meeting of the Fall of the Alumnae Association of Jeffery Hale's Hospital was held recently. A resumé of the highlights of the C.N.A. Convention held in Montreal was given by Miss Fischer. All members had the pleasure of looking at an interesting scrapbook which Miss Fischer had made of items collected at the Convention.

At a recent meeting of the Alumnae Association it was reported that we had collected $380 for the British Nurses Relief Fund, and that $75 of this amount had

already been sent to England. Christmas parcels have been sent to our twelve nurses who are serving overseas.

The members of the Alumnae Association were recently given an interesting lecture by Dr. Memorian Sheehy, former rector of St. Joseph College, University of Alberta, and professor of English in the De la Salle Institute of Foreign Languages, Sendai Second High School and Fukusima High Commercial School. Dr. Sheehy has recently returned from Japan.

Miss Stella Reid and Miss Shirley Roberts (1941) are doing general duty work on the staff of the Alice Hyde Hospital, Malone, N.Y.

Representative Women

Some time ago, the General Federation of Women's Clubs in the United States asked the Women's Committee on International Relations to prepare a list of representative women in Canada. With the co-operation of the editors of the women's pages in newspapers, throughout the Dominion, twenty-three names were selected. These women are active in many fields, including education, politics, journalism, authorship, social service, and even the designing of airplanes. But the name that leads all the rest is that of a nurse—Lt. Col. Elizabeth L. Smellie, C.B.E., R.R.C., LL.D. and very proud we are of her. It is a real satisfaction to note that Ethel Johns, editor of *The Canadian Nurse* is also mentioned among this group of representative women of Canada.

——M.L.

M.L.I.C. Nursing Service

Miss Claire Champagne (Ste. Justine Hospital, Montreal, 1938, and University of Montreal public health nursing course, 1941) was recently appointed as a Metropolitan nurse to the Mount Royal Staff, Montreal.

Miss Louise Simoneau (Notre Dame Hospital, Montreal, 1927) was recently transferred from the Quebec City Nursing Staff to Jonquière, P. Q.

A time-proven reliable relieving aid for infant's simple constipation, teething fevers, stomach upsets. A boon to mothers and nurses as an evacuant in the digestive disturbances which often accompany teething or which sometimes follow a change of food, where prompt yet gentle elimination is desirable. Sympathetic to baby's delicate system. No opiates of any kind. Over 40 years of ever-increasing use speak highly for their effectiveness.

For Those
Who Prefer The Best

Cinderella

WHITE TUBE CREAM

will

Make Your Shoes Last Longer
Give A Whiter Finish
Prove More Economical To Use.

Made in Canada

For Sale At All Good Shoe Stores
From Coast to Coast.

. . . OFF . . . DUTY . . .

Not long ago we were in a dining car on a Canadian transcontinental train rushing along the cliffs which overhang Lake Superior . . . Our table was at the end of the car and so we had a good view of our fellow travellers . . . A goodly company they were, too . . . members of the Air Forces of Britain, Canada, New Zealand and Australia . . . sailors from the Royal Canadian Navy . . . three scarlet-coated Royal Canadian Mounted Police . . . Then, to make the roster complete, in came five soldiers of our Canadian Army . . . The steward put four of them at the only empty table . . . and the fifth was rather unwillingly induced to sit opposite us . . . He was a strapping handsome lad of about twenty and evidently a bit shy of talking to strangers . . . but when he found out that we knew that Langenburg was not far from the Assiniboine River . . . he thawed out considerably and told us he had never been out of Saskatchewan in his life . . . Now he was on his way to a military camp at North Bay . . . "Lots of bush around here" said he . . . "Seems strange after the prairie . . . We had a wonderful harvest this year . . . pretty near made us forget the drought . . . the garden did well too . . . mother and the girls put up enough vegetables to last the winter . . . they had tomatoes ripening on all the window sills . . . the frost nearly got them" . . . We asked him how he liked life in the Army and he said it was alright when you got used to it . . . "At first I felt bad because I wasn't as smart as those Air Force boys . . . but when I found out that the Army needed men who know about machinery and horses I felt better" . . . He said he had owned his own quarter-section of land since he was eighteen . . . "Dad is going to try and keep things going while I'm away . . . but it's hard on the old man . . . he can't hire anyone to help him . . . I broke my land myself and it was tough going . . . no tractor, only an old ox and he was pretty thin because we hadn't much feed that year" . . . The waiter brought him his meal and he ate it quickly and cleanly like a healthy animal . . . A Royal Canadian Air Force officer came by wearing a purple and white ribbon on his tunic . . . "He's the one who was in the news-reel" said the lad from Saskatchewan . . . "Flew over Berlin, but he's a good guy . . . doesn't put on any dog . . . he knows he's lucky to have such a good education" . . . Suddenly a queer thought popped into our mind . . . Perhaps this was our party . . . Perhaps we were paying for the hearty dinner the boy from Saskatchewan was just finishing . . . Perhaps the R.C.A.F. officer was our guest without his knowing it . . . We looked round the car and did some mental arithmetic . . . Yes, the deductions from our last few salary cheques would just about pay for the good meal they were all eating . . . soldiers, sailors, airmen, mounted police . . . laughing and talking like a lot of school boys . . . it did one's heart good to look at them . . . We feel a lot better about our income tax now . . . —E. J.

Official Directory

International Council of Nurses

Acting Executive Secretary, Miss Calista F. Banwarth, 310 Cedar Street, New Haven Connecticut, U.S.A.

THE CANADIAN NURSES ASSOCIATION

President ..... Miss Marion Lindeburgh, 3466 University St., Montreal, P. Q.
Past President ..... Miss Grace M. Fairley, Vancouver General Hospital, Vancouver, B.C.
First Vice-President ..... Miss Marjorie Buck, Norfolk General Hospital, Simcoe, Ont.
Second Vice-President ..... Miss Fanny Munroe, Royal Victoria Hospital, Montreal, P. Q.
Honourary Secretary ..... Miss Rae Chittick, 815—18th Ave. W., Calgary, Alta.
Honourary Treasurer ..... Miss Marjorie Jenkins, Children's Hospital, Halifax, N.S.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals indicate office held: **(1)** ***President, Provincial Nurses Association;*** **(2)** ***Chairman, Hospital and School of Nursing Section;*** **(3)** ***Chairman, Public Health Section;*** **(4)** ***Chairman, General Nursing Section.***

Alberta: (1) Miss Rae Chittick, 815-18th Ave., W., Calgary; (2) Miss Gena Bamforth, Royal Alexandra Hospital, Edmonton; (3) Miss Jean S. Clark, City Hall, Calgary; (4) Miss Gertrude M. B. Thorne, 332-21st Ave. W., Calgary.

British Columbia: (1) Miss M. Duffield, 1675 West 10th Ave., Vancouver; (2) Miss F. McQuarrie, Vancouver General Hospital; (3) Miss F. Innes, 1922 Adanac St., Vancouver; (4) Mrs. E. B. Thomson, 1095 West 14th St., Vancouver.

Manitoba: (1) Mrs. A. C. McFetridge, 418 Campbell St., Winnipeg; (2) Miss D. Ditchfield, Children's Hospital, Winnipeg; (3) Miss E. Rowlett, 759 Broadway, Winnipeg; (4) Miss E. Campbell, 778 Ingersoll St., Winnipeg.

New Brunswick: (1) Sister Kerr, Hotel Dieu Hospital, Campbellton; (2) Miss Marion Myers, Saint John General Hospital; (3) Miss Muriel Hunter, Dept. of Health, Fredericton; (4) Miss Mary Harding, 62 Sydney St., Saint John.

Nova Scotia: (1) Miss M. Jenkins, Children's Hospital, Halifax; (2) Sister Mary Peter, St. Martha's Hospital, Antigonish; (3) Miss Jean Forbes, 314 Roy Bldg., Halifax; (4) Miss M. Ripley, 46 Dublin St., Halifax.

Ontario: (1) Miss Mildred I. Walker, Institute of Public Health, London; (2) Miss Louise D. Acton, Kingston General Hospital; (3) Miss Winnifred Ashplant, 807 Waterloo St., London; (4) Miss Dorothy Ogilvie, 34 Gilchrist St., Ottawa.

Prince Edward Island: (1) Miss K. MacLennan, Provincial Sanatorium, Charlottetown; (2) Sr. St. John the Baptist, St. Vincent's Orphanage, Charlottetown; (3) Miss Mary Leslie, Montague; (4) Miss Eileen McGough, 152½ St. George St., Charlottetown.

Quebec: (1) Miss Eileen Flanagan, 3801 University St., Montreal; (2) Miss Winnifred MacLean, Royal Victoria Hospital, Montreal; (3) Miss Kathleen Dickson, Royal Edward Institute, Montreal; (4) Miss Anne-Marie Robert, 5484A St. Denis St., Montreal.

Saskatchewan: (1) Miss M. R. Diederichs, Grey Nuns' Hospital, Regina; (2) Rev. Sister Mandin, St. Paul's Hospital Saskatoon; (3) Miss Gladys McDonald, 6 Mayfair Apts., Regina; (4) Miss M. R. Chisholm, 805-7th Ave. N., Saskatoon.

Chairmen, National Sections: Hospital and School of Nursing: Miss Miriam L. Gibson, Hospital for Sick Children, Toronto, Ont. Public Health: Miss Lyle Creelman, 2570 Spruce St., Vancouver, B.C. General Nursing: Miss Madalene Baker, 249 Victoria St., London, Ont. Convener, Committee on Nursing Education: Miss E. K. Russell, 7 Queen's Park, Toronto, Ont.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

OFFICERS OF SECTIONS OF CANADIAN NURSES ASSOCIATION

Hospital and School of Nursing Section

CHAIRMAN: Miss Miriam L. Gibson, Hospital for Sick Children, Toronto, Ont. First Vice-Chairman: Miss Eva McNally, General Hospital, Brandon, Man. Second Vice-Chairman: Miss M. Batson, Montreal General Hospital. Secretary-Treasurer: Miss Flora MacLellan, Ontario Hospital, New Toronto, Ont.

COUNCILLORS: **Alberta:** Miss G. Bamforth, Royal Alexandra Hospital, Edmonton. **British Columbia:** Miss F. McQuarrie, Vancouver General Hospital. **Manitoba:** Miss D. Ditchfield, Children's Hospital, Winnipeg. **New Brunswick:** Miss Marion Myers, Saint John General Hospital. **Nova Scotia:** Sr. Mary Peter, St. Martha's Hospital, Antigonish. **Ontario:** Miss L. D. Acton, Kingston General Hospital. **Prince Edward Island:** Sr. St. John the Baptist, St. Vincent's Orphanage, Charlottetown. **Quebec:** Miss Winnifred MacLean, Royal Victoria Hospital, Montreal. **Saskatchewan:** Rev. Sr. Mandin, St. Paul's Hospital, Saskatoon.

General Nursing Section

CHAIRMAN: Miss M. Baker, 249 Victoria St., London, Ont. First Vice-Chairman: Miss P. Brownell, 212 Balmoral St., Winnipeg, Man. Second Vice-Chairman: Miss M. McMullen, St. Stephen, N. B. Secretary-Treasurer: Miss Erla E. Beger, 27 Yale St., Toronto, Ont.

COUNCILLORS: **Alberta:** Miss G. M. B. Thorne, 332-21st Ave., W., Calgary. **British Columbia:** Mrs. E. B. Thomson, 1095 W. 14th St., Vancouver. **Manitoba:** Miss E. Campbell 778 Ingersoll St., Winnipeg. **New Brunswick:** Miss M. Harding, 62 Sydney St., Saint John. **Nova Scotia:** Miss M. Ripley, 46 Dublin St., Halifax. **Ontario:** Miss D. Ogilvie, 34 Gilchrist Ave., Ottawa. **Prince Edward Island:** Miss E. McGough, 152½ St. George St., Charlottetown. **Quebec:** Miss A. M. Robert, 5484A St. Denis St., Montreal. **Saskatchewan:** Miss M. R. Chisholm, 805-7th Ave N., Saskatoon.

Public Health Section

CHAIRMAN: Miss L. Creelman, 2570 Spruce St., Vancouver, B. C. Vice-Chairman: Mlle A. Martineau, Dept. of Health, Montreal, P. Q. Secretary-Treasurer: Mrs. G. Langton, University of British Columbia, Vancouver, B. C.

COUNCILLORS: **Alberta:** Miss Jean S. Clark, City Hall, Calgary. **British Columbia:** Miss F. Innes, 1922 Adanac St., Vancouver. **Manitoba:** Miss E. Rowlett, 759 Broadway, Winnipeg. **New Brunswick:** Miss M. Hunter, Dept. of Health, Fredericton. **Nova Scotia:** Miss Jean Forbes, 314 Roy Bldg., Halifax. **Ontario:** Miss W. Ashplant, 807 Waterloo St., London. **Prince Edward Island:** Miss Mary Leslie, Montague. **Quebec:** Miss K. Dickson, Royal Edward Institute, Montreal. **Saskatchewan:** Miss G. McDonald, 6 Mayfair Apts., Regina.

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

Pres., Miss Rae Chittick, 815-18th Ave. W., Calgary; First Vice-Pres., Miss Ida E. Johnson, Royal Alexandra Hospital, Edmonton; Sec. Vice-Pres., Sister Beatrice, St. Michael's Hospital, Lethbridge; Sec.-Treas. & Registrar, Mrs. A. E. Vango, St. Stephen's College, Edmonton; *Councillor*, Miss B. A. Beattie, Provincial Mental Hospital, Ponoka; *Chairmen of Sections: Hospital & School of Nursing*, Miss Gena Bamforth, Royal Alexandra Hospital, Edmonton; *Public Health*, Miss Jean S. Clark, City Hall, Calgary; *General Nursing*, Miss Gertrude Thorne, 332-21st Ave. W., Calgary; *Rep.* to *The Canadian Nurse*, Miss Violet Chapman, Royal Alexandra Hospital, Edmonton.

Ponoka District, No. 2, Alberta Association of Registered Nurses

Chairman, Miss Moira Foster; Vice-Chairman, Miss Estelle Harle; Secretary-Treasurer, Miss Nessa Leckie, Provincial Mental Hospital; *Convener, British Nurses Relief Fund*, Miss Karen Westerlund; *Representative* to *The Canadian Nurse*, Miss Olive Websdale.

Calgary District, No. 3, Alberta Association of Registered Nurses

Chairman, Miss Kathleen Connor, Central Alberta Sanatorium; Vice-Chairman, Miss M. Deane-Freeman; Secretary, Miss M. Richards, Holy Cross Hospital, Calgary; Treasurer, Miss M. Watt; *Conveners of Sections: Hospital & School of Nursing*, Miss J. Connal; *Public Health*, Miss A. Dick; *General Nursing*, Miss G. Thorne.

Medicine Hat District, No. 4, Alberta Association of Registered Nurses

Pres., Miss C. E. Mary Rowles, M.H. General Hospital; Vice-Pres., Miss M. Hagerman, Y.W.C.A.; Sec.-Treas. Miss M.M. Webster, 558 Fourth St.; *Entertainment Committee*: Miss Green, Miss Weeks, Mrs. D. Fawcett; *Convener & Treas. of Social Service Dept.*, Mrs. G. Crockford; *Representatives* to: *Red Cross*: Misses J. Lus, E. Sengh; *War Council*, Miss L. Green.

Edmonton District, No. 7, Alberta Association of Registered Nurses

Chairman, Miss I. Johnson; First Vice-Chairman, Mrs. O. Porritt; Sec. Vice-Chairman, Rev. Sr. Clotilda; Sec., Miss G. Bamforth, Royal Alexandra Hospital, Edmonton; Treas., Miss V Leadlay; *Committee Conveners: Program*, Miss H. McArthur; *Membership*, Miss Lindsay; *Reps.* to: *Local Council of Women*, Miss V. Chapman; *The Canadian Nurse*, Miss G. Vicars.

Lethbridge District, No. 8, Alberta Association of Registered Nurses

Chairman, Miss Jean MacKenzie, 1120 Sixth Avenue, South, Lethbridge; Vice-Chairman, Miss Ann Kostuik; Secretary, Miss Marjorie Bair, Galt Hospital, Lethbridge; Treasurer, Miss Ruth Hooper.

BRITISH COLUMBIA

Registered Nurses Association of British Columbia

Pres., Miss M. Duffield, 1675-10th Ave. W., Vancouver; First Vice-Pres., Miss M. E. Kerr; Sec. Vice-Pres., Miss G. M. Fairley; Sec., Miss P. Capelle, Rm. 1012, Vancouver Block, Vancouver; Registrar, Miss Evelyn Mallory, Rm. 1012, Vancouver Block, Vancouver; *Councillors*: Miss E. Clark, Miss L. Creelman, Sr. Columkille, Sr. M. Gregory, Miss F. H. Walker; *Conveners of Sections: Hospital & School of Nursing*, Miss F. McQuarrie, Vancouver General Hospital; *Public Health*, Miss F. Innes, 1922 Adanac St. Vancouver; *General Nursing*, Mrs. E. B. Thomson, 1095 W. 14th Ave., Vancouver; *Press*, Miss M. E. Macdonell, 2570 Spruce St., Vancouver.

Vancouver Island District

Victoria Chapter, Registered Nurses Association of British Columbia

Pres., Mrs. J. H. Russell; First Vice-Pres., Sr. M. Claire; Sec. Vice-Pres., Miss H. Latornell; Rec. Sec., Miss G. Wahl; Corr. Sec., Miss H. Unsworth, Royal Jubilee Hospital; Treas., Miss N. Knipe; *Conveners: General Nursing*, Miss K. Powell; *Hospital & School of Nursing*, Sr. M. Gregory; *Public Health*, Miss H. Kilpatrick; *Directory*, Mrs. G. Bothwell; *Finance*, Miss M. Dickson; *Membership*, Sr. M. Gabrielle; *Program*, Miss D. Calquhoun; *Publications*, Miss M. Laturnus; *Nominating*, Miss L. Fraser; *Corr. Delegate of Placement Bureau*, Mrs. Bothwell; *Registrar*, Miss E. Franks.

West Kootenay District

Kamloops-Tranquille Chapter, Registered Nurses Association of British Columbia

Pres., Mrs. Markley; Vice-Pres., Miss O. Garrood; Sec., Miss E. Davis, Royal Inland Hospital; Treas. Miss F. Aberdeen; *Committee Conveners: Program*, Mrs. R. Howard; *Social*, Mrs. S. Dalgleish; *Ways & Means*, Miss M. Williams; *Membership*, Miss Naylor; *Representatives* to *The Canadian Nurse*, Misses J. Norquay, Turnbull.

Nelson Chapter, Registered Nurses Association of British Columbia

Hon. Pres., Miss V. B. Eidt; Pres., Miss Turnbull; First Vice-Pres., Miss B. Laing; Sec. Vice-Pres., Miss B. Hayden; Sec., Miss H. Tompkins, Kootenay Lake Gen. Hospital; Treas., Miss G. Carr; *Committees: General Nursing*, Miss K. Scott; *Hospital & School of Nursing*, Miss V. Eidt; *Public Health*, Miss N. Dunn; *Ways & Means*, Miss E. Sutherland; *Social & Program*, Miss M. Bower; *Visiting*, Miss N. Murphy; *Membership*, Miss J. Boutwell; *Library*, Mrs. A. O'Connor: *Rep.* to *The Canadian Nurse*, Miss M. Ross.

Trail Chapter, Registered Nurses Association of British Columbia

President, Miss Marjory Fletcher; Vice-President, Miss Edythe Crosson; Secretary, Miss Phyllis Slader, Nurses Residence, Trail-Tadanac Hospital, Trail; Treasurer, Miss Eileen Somerville; *Representative* to *The Canadian Nurse*, Miss Joyce Greenwood.

New Westminster Chapter, Registered Nurses Association of British Columbia

Hon. Pres., Miss C. E. Clark; Pres., Mrs. A. Way; First Vice-Pres., Miss E. Scott Grey; Sec. Vice-Pres., Miss A. MacPhail; Sec., Miss E. Beatt, 243 Keary St.; Treas., Mrs. T. Jones; Assist. Sec. & Treas., Miss B. Smith.

Rossland Chapter, Registered Nurses Association of British Columbia

Hon. Pres., Rev. Sr. J. Francis; Pres., Miss F. McLean; Vice-Pres., Rev. Sr. Bernadette; Sec., Miss J. Miller; Treas., Mrs. T. Crellin; *Committee: Membership*, Miss McLean; *Program*: Miss Tompkins, Mmes Davies, Woods;

Social: Mmes Lonsbury, Bailey, Miss Hood; *Reps.* to: *The Canadian Nurse*, Miss McLean; *Community Chest*, Mrs. Eccles; *A.R.P.*, Miss Hood; *Home Nursing Classes*, Mrs. Lonsbury.

MANITOBA

Manitoba Association of Registered Nurses

Pres., Mrs. A. C. McFetridge, 418 Campbell St. Winnipeg; First Vice-Pres., Miss E. McNally, Brandon General Hospital; Sec. Vice-Pres., Miss I. McDiarmid, 363 Langside St., Winnipeg; *Board Members*: Miss L. Stewart, 168 Chestnut St. Winnipeg; Miss H. Coram, 172 Chestnut St. Winnipeg; Miss P. Hart, 320 Sherbrooke St., Winnipeg; Miss C. Lynch, Winnipeg General Hospital; Miss L. Nordquist, Carman General Hospital; Miss A. McKee, 604 Medical Arts Bldg., Winnipeg; Mrs. F. Wagner, Grace Hospital, Winnipeg; Miss A. O'Brien, Souris & Glenwood Memorial Hospital; Rev. Sister Clermont, St. Boniface Hospital; *Conveners of Sections*: *Hospital & School of Nursing*, Miss D. Ditchfield, Children's Hospital, Winnipeg; *Public Health*, Miss E. Rowlett, 759 Broadway, Winnipeg; *General Nursing*, Miss E. Campbell, 778 Ingersoll St., Winnipeg; *Committee Conveners*: *Instructors Group*, Miss A. Carpenter, Children's Hospital, Winnipeg; *Social*, Mrs. W. S. McElheran, 969 Dominion St., Winnipeg; *Legislative*, Miss E. Wilson, 668 Bannatyne Ave., Winnipeg; *Membership*, Miss D. Earle, Victoria Hospital Winnipeg; *F.N.M. Loan Fund*, Miss Z. Beattie, St. Boniface Hospital; *Directory*, Miss Besant, Victoria Hospital, Winnipeg; *British Nurses Relief Fund*, Mrs. T. Hulme, 20 Waldron Apts. Winnipeg; *Visiting*, Mrs. W. Hryhorchuk, Grace Hospital, Winnipeg; *Representatives* to: *Council of Social Agencies*, Miss F. Robertson, 753 Wolseley Ave., Winnipeg; *Red Cross*, Miss C. Maddin 187 Kennedy St., Winnipeg; *The Canadian Nurse*, Miss L. Stewart, 168 Chestnut St., Winnipeg; *Local Council of Women*, Mrs. B. Moffatt, 1183 Dorchester Ave., Winnipeg; Executive Secretary and School of Nursing Advisor, Miss Gertrude Hall, 212 Balmoral St., Winnipeg.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

Pres., Rev. Sister Kerr, Hotel-Dieu Hospital, Campbellton; First Vice-Pres., Miss L. Smith; Sec. Vice-Pres., Miss R. Follis; Hon. Sec., Miss M. McMullen; *Conveners of Sections*: *Public Health*, Miss M. Hunter; *General Nursing*, Miss M. Harding; *Hospital & School of Nursing*, Miss M. Myers; *Conveners of Committees*: *Advisory Committee of Schools of Nursing*, Miss A. F. Law; *Legislation*, Miss D. Parsons; *The Canadian Nurse*, Miss N. Wallace; *Reps.* to *National Committees*: *Health Insurance & Nursing Service*, Miss B. L. Gregory; *History of Nursing*, Miss A. Burns; *Eight-Hour Duty*, Miss M. McMullen; *Exchange of Nurses*, Miss M. Myers; *Reps. of Chapters & Districts*: Miss A. J. MacMaster, Moncton; Rev. Sr. Saint Stanislaus, Chatham; Secretary-Registrar, Miss Alma Law, Health Centre, Saint John.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

Pres., Miss Marjorie Jenkins, Children's Hospital, Halifax; First Vice-Pres., Mrs. D. J. Gillis, Vickers Lane, Sydney Mines; Sec. Vice-Pres., Miss Jane Watkins, 63 Henry St., Halifax; Third Vice-Pres., Miss A. E. Richardson, Blanchard-Fraser Memorial Hospital, Kentville; Rec. Sec., Miss Lillian Grady, Halifax Infirmary, Halifax; Registrar - Treasurer - Corresponding Secretary, Miss Jean C. Dunning, 413 Dennis Bldg., Halifax; *Rep.* to *The Canadian Nurse*, Mrs. Dorothy Luscombe, 364 Spring Garden Rd., Halifax.

ONTARIO

Registered Nurses Association of Ontario

Pres., Miss Mildred I. Walker; First Vice-Pres., Miss J. Masten; Sec. Vice-Pres., Miss M. B. Anderson; Sec.-Treas., Miss Matilda E. Fitzgerald, Rm. 630, 86 Bloor St. W., Toronto; *Chairmen of Sections*: *Hospital & School of Nursing*, Miss L. D. Acton, Kingston General Hospital; *General Nursing*, Miss D. Ogilvie, 34 Gilchrist Ave., Ottawa; *Public Health*, Miss W. Ashplant, 807 Waterloo St., London; *Chairmen of Districts*: Mrs. C. Salmon, Miss M. Bliss Miss M. Buchanan, Miss K. McNamara, Miss I. Shaw, Miss M. Crawford, Miss M. Stewart, Miss J. Smith, Miss M. Buss.

District 1

Chairman, Mrs. C. I. Salmon; First Vice-Chairman, Major D. Barr; Sec.—Treas., Miss A. Kenny, Aberdeen Hotel, Chatham; *Councillors*: Misses Stewart, Wightman, Rathwell, Shaw, Perrin, Gray, Mrs. Wilson; *Conveners*: *Hospital & School of Nursing*, Miss P. Campbell; *General Nursing*, Miss H. O'Mahoney; *Public Health*, Miss M. Armstrong; *Enrolment*, Miss D. Birrell.

Districts 2 and 3

Chairman, Mrs. K. Cowie; First Vice-Chairman, Miss L. Trusdale; Sec. Vice-Chairman, Miss M. Hackett; Sec.-Treas., Miss H. D. Muir, Brantford General Hospital; *Chairmen of Sections*: *General Nursing*, Miss M. McKenzie; *Public Health*, Miss M. Thom; *Hospital & School of Nursing*, Miss M. Watson.

District 4

Chairman, Miss M. Buchanan; First Vice-Chairman, Miss E. Ewart; Sec. Vice-Chairman, Miss A. Scheifele; Sec.-Treas., Miss G. Coulthart, 192 Wellington St. N., Hamilton; *Councillors*: Sister Mary Grace, Misses Brewster, Cameron, Wright, Mrs. Day, N/S Boyd; *Conveners*: *Hospital & School of Nursing*, Sr. Eileen; *Public Health*, Miss H. Snedden; *General Nursing* Miss S. Murray; *Emergency Nursing*, Mrs. A. Haygarth.

District 5

Chairman, Miss K. McNamara; First Vice-Chairman, Miss P. Morrison; Sec.-Treas., Mrs. G. L. Williamson 24 Drake Cres., Scarboro Bluffs; *Councillors*: Misses I. Weirs, G. Jones, J. Mitchell, E. Grant, R. Russell, A. Reddon; *Committee Conveners*: *General Nursing*, Miss M. Hughes; *Public Health*, Miss L. Pettigrew; *Hospital & School of Nursing*, Miss B. MacPhedran.

District 6

Chairman, Miss I. Shaw; First Vice-Chairman, Miss M. McKenzie; Sec. Vice-Chairman, Miss E. Covert; Third Vice-Chairman, Miss E. Wright; Sec.-Treas., Miss V. Taylor, General Hospital, Cobourg; *Conveners*: *Hospital & School of Nursing*, Miss E. Young; *General Nursing*, Mrs. E. Brackenridge; *Public Health*, Miss H. McGeary; *Membership*, Miss N. Brown; *Enrolment*, Miss E. Meeks; *Finance*, Miss F. Fitzgerald.

District 7

Chairman, Miss M. Crawford; Vice-Chairman, Miss E. Ardill; Sec.-Treas., Miss E. Sharp, Kingston General Hospital; *Councillors*: Misses E. Freeman, V. Manders, Hanna, E. Moffatt, Gavan. Rev. Sr. Donovan: *Conveners*: *Hospital & School of Nursing*, Miss L. Acton; *General Nursing*, Miss E. MacLean; *Public Health*, Miss D. Storms; *Rep.* to *The Canadian Nurse*, Miss B. Coulter.

District 8

Chairman, Miss M. Stewart; First Vice-Chairman, Rev. Sr. M. Evangeline; Sec. Vice-Chairman, Miss P. Walker; Sec.-Treas., Miss J. Stock, 390 Chapel St., Ottawa; *Councillors*: Misses I. Allen, L. Brulé, W. Cooke, V. Foran, M. Lowry, H. O'Meara; *Conveners*; *Hospital & School of Nursing*, Rev. Sr. St. Godfrey; *Public Health*, Miss C. Livingston; *General*

Nursing, Miss I. Dickson; *Pembroke Chapter*, Miss M. Young; *Cornwall Chapter*, Miss M. McWhinnie; *Rep. to The Canadian Nurse*, Miss H. Tanner.

District 9

Chairman, Miss J. Smith, Gravenhurst; First Vice-Chairman, Miss K. MacKenzie, North Bay; Sec. Vice-Chairman, Miss A. McGregor, Sault Ste. Marie; Sec., Miss F. Geddis, Plummer Memorial Hospital, Sault Ste. Marie; Treas., Miss R. Buchanan, Sanitarium P. O.; *Conveners: Public Health*, Miss H. E. Smith, New Liskeard; *Hospital & School of Nursing*, Miss A. Riordan, Sudbury; *General Nursing*, Mrs. E. Sheridan, Sudbury; *The Canadian Nurse*, Sr. Teresa of the Sacred Heart, Sault Ste. Marie.

District 10

Chairman, Miss M. Buss, The Sanatorium, Fort William; Vice-Chairman, Miss B. Roberts; Sec.-Treas., Miss D. Chedister, General Hospital, Port Arthur; *Councillor*, Miss A. Baillie; *Committee Conveners: Hospital & School of Nursing*, Miss M. Flanagan; *Public Health*, Miss E. Newson; *General Nursing*, Miss I Morrison; *Program Committee*: Misses V. Lovelace, H. MacNaughton.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

Pres., Miss Katharine MacLennan Provincial Sanatorium, Charlottetown; Vice-Pres., Miss Mary Devereaux, Charlottetown Hospital; Sec., Miss Anna Mair., P.E.I. Hospital, Charlottetown; Treas. & Registrar, Rev. Sr. M. Magdalen, Charlottetown Hospital; *Chairmen of Sections: Hospital & School of Nursing*, Sr. St. John the Baptist, St. Vincent's Orphanage, Charlottetown; *General Nursing*, Miss Eileen McGough, 152½ St. George St., Charlottetown; *Public Health*, Miss Mary Leslie, Montague.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

President, Miss Eileen C. Flanagan; Vice-President (English), Miss Mabel K. Holt; Vice-President (French), Rév. Soeur Valérie de la Sagesse; Honourary Secretary, Mlle Alice Albert; Honourary Treasurer, Miss Fanny Munroe; *Members without Office*: Misses Marion Nash, Mary Ritchie, Mlles Maria Roy, Maria Beaumier, Annonciade Martineau; *Advisory Board*: Misses Jean Wilson, Marion Lindeburgh, Catherine M. Ferguson, Esther M. Beith, Rév. Soeur Marie de l'Eucharistie (Québec), Miles Edna Lynch, Juliette Trudel; *Conveners of Sections: General Nursing* (French), Mlle Anne-Marie Robert, 5484A St. Denis St., Montréal; *Hospital & School of Nursing* (English), Miss Winnifred MacLean, Royal Victoria Hospital, Montreal; *Hospital & School of Nursing* (French), Rév. Soeur Décary, Hôpital Notre-Dame, Montréal; *Public Health* (English), Miss Kathleen Dickson, Royal Edward Institute, Montreal; *Public Health* (French), Mlle Marie Euphémie Cantin, 4642 St. Denis St. Montréal; *Board of Examiners*: Miss Mary Mathewson (convener), Misses Norena S. Mackenzie, Madeleine Flander, Mlles Alexina Marchessault, Anysie Deland, Rév. Soeur Marie Claire Rheault; Executive Secretary, Registrar & Official School Visitor, Miss E. Frances Upton, Ste. 1019, Medical Arts Bldg., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated 1917)

Pres., Miss M. R. Diederichs, Regina Grey Nuns' Hospital; First Vice-Pres., Miss M. E. Ingham, Moose Jaw General Hospital; Sec. Vice-Pres., Miss E. R. Pearston, Melfort; *Councillors*: Miss M. E. Grant, 922-9th Ave. N., Saskatoon; Rev. Sister Hildegarde, St. Elizabeth's Hospital, Humboldt; *Chairmen of Sections: General Nursing*, Miss M. R. Chisholm, 805-7th Ave. N., Saskatoon; *Hospital & School of Nursing*, Rev. Sister Mandin, St. Paul's Hospital, Saskatoon; *Public Health*, Miss Gladys McDonald, 6 Mayfair Apts., Regina; Secretary-Treasurer, Registrar and Advisor, Schools for Nurses, Miss K. W. Ellis, University of Saskatchewan, Saskatoon.

Regina Registered Nurses Association

Hon. Pres. Sister Tougas; Pres., Miss M. McRae; First Vice-Pres., Miss D. Lewis; Sec. Vice-Pres. Mrs. Storey; Sec., Mrs. M. Stocker, 22 Qu'Appelle Apts.; Ass.-Sec., Miss V. Kiesel; Treas. & Registrar, Mrs. H. Regan; *Conveners: Registry*, Miss Grad; *Program*: Misses Sharp, Blackwood; *Membership*: Miss McLaughlin, Mrs. Racette; *Social*, Misses Wilkins, Brown; *General Nursing*, Miss Sissons; *Hospital & School of Nursing*, Miss Thompson; *Public Health* Miss Riley; *Finance*, Mrs. Deverell; *War Services*, Miss Spelliscy; *Sick Nurses*, Misses Turnbull, Martin; *The Canadian Nurse*, Miss Winning.

Alumnae Associations

ALBERTA

A.A., Calgary General Hospital, Calgary

Hon. Pres., Misses S. Macdonald, A. Hebert; Hon. Members: Misses M. Moodie, J. Murphy, A. Casey; Pres. Mrs. A. Warrington; First Vice-Pres., Mrs. G. McPherson; Sec. Vice-Pres., Mrs. T. Ellis; Rec. Sec., Mrs. J. McIntyre; Corr. Sec., Miss J. Cumming, 238 Crescent Rd.; Treas., Mrs. B. Charles; *Membership*, Mrs. A. Wilson; *Press*, Miss C. Rose.

A.A., Holy Cross Hospital, Calgary

President, Mrs. Cyril Holloway; First Vice-President, Mrs. D. Overand; Second Vice-President, Miss L. Aiken; Recording Secretary, Mrs. B. McAdam; Corresponding Secretary, Mrs. J. E. Hood, 211 Anderson Apts.; Treasurer, Mrs. E. Bragg.

A.A., Edmonton General Hospital, Edmonton

Hon. Pres., Sr. M. O'Grady, Sr. F. Neuhausel; Pres., Miss E. Bietsch; First Vice-Pres., Mrs. R. Price; Corr. Sec., Miss J. Slavik, E.G.H.; Rec. Sec., Miss A. Strochinski; Treas., Miss E. Wallsmith; *Private Duty*, Miss M. Hozak; *Visiting Committee*: Misses Nelson, Deschatelets; *Standing Committee*: Misses Kuntz, Beaton, Barden, Ryan, Mrs. Lowing.

A.A., Royal Alexandra Hospital, Edmonton

Hon. Pres., Miss M. Fraser; Pres., Miss Einarson; First Vice-Pres., Miss I. Johnson; Sec. Vice-Pres., Mrs. R. Boyd; Rec. Sec., Mrs. M. Hall; Corr. Sec., Mrs. W. White, R.A.H.; Treas., Miss F. Toby; *Committee Conveners: Program*, Mrs. J. White; *Visiting*, Miss T. Holm; *Social*, Miss K. Dunlop; *News Letter*, Miss A. Piercy; *Benefit*, Miss I. Johnson; *Scholarship*, Miss G. Allyn; *Executive*: Miss A. Anderson, Mmes J. F. Thompson, P. Baker.

A.A., University of Alberta Hospital, Edmonton

Pres., Miss A. Whybrow; Vice-Pres., Miss B. Fane; Rec. Sec., Miss D. Russell; Corr. Sec., Mrs. N. E. Alexander, 11045-82nd Ave.; Treas.,

Miss M. Baxter; *Social Committee*: Miss F. Beddome (convener), Misses I. Sloane, I Revell, Mrs. N. E. Pound; *Rep.* to *Press*, Mrs. N. E. Pound.

A.A., Lamont Public Hospital, Lamont

Honourary President, Miss F. E. Welsh, Goderich, Ont.; President, Mrs. R. H. Shears; First Vice-President, Mrs. G. Archer; Second Vice-President, Mrs. G. Harrolld; Secretary-Treasurer, Mrs. B. I. Love, Elk Island National Park, Lamont; *News Editor*, Mrs. Peterson, Hardisty; *Convener, Social Committee*, Miss Ada Sandell.

A.A., Vegreville General Hospital, Vegreville

Hon. President, Sister Anna Keohane; Hon. Vice-President, Sister J. Boisseau; President, Mrs. Stanley Walker, Vegreville; Vice-President, Mrs. Rennie Landry, Vegreville; Secretary-Treasurer, Miss Annie Askin, Box 213, Vegreville; *Visiting Committee* (chosen monthly).

BRITISH COLUMBIA

A.A., St. Paul's Hospital, Vancouver

Hon. Pres., Rev. Sr. M. Phillipe; Hon. Vice-Pres., Rev. Sr. M. Columbkille; Pres., Miss J. Mitchell; Vice-Pres., Mrs. F. Engby; Sec., Miss B. Falk, 3776-38 Ave. W; Treas., Miss E. Atterbine; Registrar, Miss Stewart; *Committee Conveners*: *Social*, Miss Walters; *Program*, Miss M. Bell; *Visiting*, Miss McCauley; *Mutual Benefit*, Miss McGee; *Press*, Miss N. Johnson; *Rep.* to *The Canadian Nurse*, Miss C. Bryant.

A.A., Vancouver General Hospital, Vancouver

Hon. Pres., Miss G. Fairley; Pres., Miss F. Innes; First Vice-Pres., Miss L. Creelman; Sec. Vice-Pres., Mrs. A. Grundy; Rec. Sec., Miss N. Cunningham; Corr. Sec., Miss L. Lore, 1589 E. Broadway; Treas., Mrs. F. L. Faulkner; *Committee Conveners*: *Mutual Benefit*, Miss M. Edwards; *Visiting*, Mrs. M. Appleby; *Social*, Mrs. G. E. Gillies; *Membership*, Miss W. Neen; *Refreshment*, Miss S. McDiarmid; *Program*, Mrs. R. Stevens; *Rep.* to *Press*, Miss M. Mcdonnell.

A.A., Royal Jubilee Hospital, Victoria

President, Mrs. D. J. Hunter; First Vice-Pres., Mrs. D. MacLoud; Sec. Vice-Pres., Miss R. Kirkendale; Sec., Mrs. J. A. McCague, 3106 Glasgow Ave..; Assist. Sec. Miss M. Bawden; Treas. Mrs. Jack Boorman, 2957 Foul Bay Rd.; *Committee Conveners*: *Visiting*, Mrs. F. Hall; *Membership*, Mrs. J. Boorman; *Rep.* to *Press*, Miss D. Van.

A.A., St. Joseph's Hospital, Victoria

Hon. Pres., Sr. M. Kathleen; Hon. Vice-Pres., Sr. M. Gregory; Pres., Mrs. H. E. Ridewood; First Vice-Pres., Mrs. Maltman; Sec. Vice-Pres., Miss H. Cruickshanks; Rec. Sec., Miss J. Dengler; Corr. Sec., Miss J. Johnson, 1058 Pentrelew Place; Treas., Miss B. McKinnon; *Press*, Mrs. G. Rose; *Councillors*: Mmes Bryant, Lewis, Sinclair, Welch.

MANITOBA

A.A., St. Boniface Hospital, St. Boniface

Hon. Pres., Rev. Sr. Superior; Hon. Vice-Pres., Mrs. W. Crosby; Pres., Mrs. W. McElheran; First Vice-Pres., Miss S. Wright; Sec. Vice-Pres., Miss W. Grice; Rec. Sec., Miss H. Fairbairn; Corr. Sec., Miss D. Webster, 184 River Ave., Winnipeg; Treas., Miss H. Oliver; Archivist, Miss Margason; *Advisory Committee*: Miss MacCallum, Mmes McElheran, Greville, Groelle, L'Eucyer, Rev. Sr. Saperior; *Conveners*: *Visiting*, Miss Johnson; *Social & Program*, Miss Rungay; *Membership*, Miss Vandecar; *Reps.* to *The Canadian Nurse*, Miss Watson; *M.A.R.N.*, Miss Troendle; *Man. Directory*, Mrs. Shinmowski; *Local Council of Women*, Mrs. Shankman.

A.A., Children's Hospital, Winnipeg

Pres., Mrs. F. Prest; Vice-Pres., Mrs. A. Robson; Sec., Miss E. Hyndman; Corr. Sec., Miss Marion Reid, 129 Home St.; Treas., Miss B. Thain; *Committee Conveners*: *Program*, Miss E. Young; *Visiting*, Mrs. Campbell; *Red Cross*, Mrs. McDonald.

A.A., Winnipeg General Hospital, Winnipeg

Hon. Pres., Mrs. A. W. Moody; Pres., Miss C. Lethbridge; First Vice-Pres., Miss K. McLearn; Sec. Vice-Pres. Miss E. Wilson; Third Vice-Pres., Mrs. S. Ward; Rec. Sec., Miss J. Smith; Corr. Sec., Miss A. Robertson, 112 Royal St.; Treas., Miss F. Stratton; *Committee Conveners*: *Program*, Mrs. C. Kershaw; *Membership*, Miss A. Porter; *Visiting*, Miss G. McKeevor; *Journal*, Mrs. S. G. Horner; *Archivist*, Miss M. Stewart; *Jubilee*, Miss P. Bonnar; *Reps.* to: *School of Nursing Committee*, Miss G. Hall; *The Canadian Nurse*, Miss H. Smith; *Doctors & Nurses Directory*, Miss A. Howard; *Local Council of Women;* Mmes Thomas, Randall; *Council of Social Agencies*, Mrs. A. Speirs.

NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

Hon. Pres., Miss E. J. Mitchell; Pres., Miss G. Brown; First Vice-Pres., Mrs. H. L. Ellis; Sec. Vice-Pres., Miss S. Hartley; Sec., Miss F. Congdon, S.J.G.H.; Treas., Miss H. Tracy, S.J.G.H.; Assist. Treas., Miss R. Wilson; *Executive*: Misses M. Murdoch, P. White, B. Bain, Mrs. J. Wilson.

A.A., L. P. Fisher Memorial Hospital, Woodstock

President, Mrs. Hebec Inghram; Vice-President, Mrs. Wendall Slipp, Chapel Street; Secretary, Mrs. Arthur Peabody; Treasurer, Miss Nellie Wallace; *Executive Committee*: Miss Margaret Parker, Miss Evelyn Briggs, Miss Mabel Howe.

NOVA SCOTIA

A.A., Glace Bay General Hospital, Glace Bay

Pres., Mrs. C. MacPherson; First Vice-Pres., Miss K. Davidson; Sec. Vice-Pres., Mrs. F. MacKinnon; Rec. Sec., Mrs. W. Bishop; Corr. Sec., Miss Flora Anderson, General Hospital; Treas., Mrs. John Kerr; *Visiting Committee*: Mrs. G. Turner, Mrs. L. Buffett.

A.A , Halifax Infirmary, Halifax

Pres., Miss Dorothy Turner; Vice-Pres., Miss Rita MacInnes; Rec. Sec., Miss Elisabeth MacDougall; Corr. Sec., Miss Loretta Pertus, 111½ Morris St.; Treas., Miss Gertrude Shortall; *Committee Conveners*: *Visiting*, Miss Eisenhauer; *Entertainment*, Miss Mary Ready; *Press*, Miss Margaret Grant; *Librarian*, Miss Shofer; *Nominating*, Mrs. Power.

A.A., Victoria General Hospital, Halifax

Pres., Miss Agnes Cox, Tuberculosis Hospital; Vice-Pres., Mrs. E. MacQuade; Sec., Miss Grace Porter, 267 South St.; Treas., Miss Helen Joncas, Victoria General Hospital; *Committee Conveners*: *Entertainment*, Misses M. Ripley, A. Power; *Refreshments*, Mrs. Cullen, Miss Gervalse; *Visiting*, Misses G. Byers, H. Watson; *Private Duty*, Miss Isobel MacIntosh.

ONTARIO

A.A., Belleville General Hospital, Belleville

Pres., Mrs. D. Howie; Vice-Pres., Miss M. Johnston; Sec., Miss R. Windsor, 181 Charles St.; Treas., Miss K. Brickman; *Committee Conveners: Flower & Gift*, Miss D. Hogle; *Program*, Miss M. Duncan; *Social*, Miss G. Donnelly; *Registry Board*, Miss N. Bush; *Dr. Connor Memorial Ward*, Miss B. Soutar; *Rep.* to *Press & The Canadian Nurse*, Miss E. Meeks.

A.A., Brantford General Hospital, Brantford

Hon. Pres., Miss E. M. McKee; Pres., Mrs. G. A. Grierson; Vice-Pres., Miss H. Cuff; Sec., Miss I. Feely, B.G.H.; Treas., Miss L. Burtch; *Committee Conveners: Social*: Mmes G. Thompson, L. Sturgeon; *Flower*: Misses N. Yardley, R. Moffat; *Gift*: Misses K. Charnley, V. Buckwell; *Reps.* to: *General Nursing Section*, Miss D. Rashleigh; *Red Cross*, Miss O. Gowman; *Local Council of Women*: Mmes G. Barber, R. Smith, Miss P. Cole; *The Canadian Nurse & Press*, Miss M. Copeland.

A.A., Brockville General Hospital, Brockville

Hon. Presidents, Misses A. Shannette, E. Moffatt; Pres., Mrs. M. White; First Vice-Pres., Mrs. W. Cooke; Sec. Vice-Pres., Miss L. Merkley; Sec., Miss H. Corbett, 127 Pearl St. E.; Ass. Sec., Mrs. E. Finlay; Treas., Mrs. H. Van Dusen; *Committee Conveners: Social*, Mrs. H. Green; *Flower*, Miss Kendrick; *Program*, Mrs. Derry; *Rep.* to *The Canadian Nurse*, Miss Corbett.

A.A., Public General Hospital, Chatham

Hon. Pres., Miss P. Campbell; Pres., Miss L. Hastings; First Vice-Pres., Miss F. Armstrong; Rec. Sec., Miss V. Carnes; Corr. Sec., Miss M. Gilbert, 104 Harvey St.; Treas., Miss J. Rickard; *Committees: Flowers*: Miss Malott; *Social*: Miss Purcell, Mrs. Goldrick; *Refreshments*: Mrs. Bourne, Miss Houston; *Councillors*: Misses Head, Dyer, Baird, McNaughton; *Reps. to Press*: Miss Patterson; *The Canadian Nurse*: Miss L. Smyth.

A.A., St. Joseph's Hospital, Chatham

Hon. Pres., Mother M. Pascal; Hon. Vice-Pres., Sister M. St. Anthony; President, Miss Hazel Gray; First Vice-Pres., Mrs. A. E. Roberts; Sec. Vice-Pres., Miss May Boyle; Secretary-Treasurer, Miss Mary-Clare Zink, 4 Robertson Ave.; Corr. Sec., Miss Anne Kenny; *Representative* to *The Canadian Nurse*, Miss Ursula O'Neill.

A.A., Cornwall General Hospital, Cornwall

Hon. Pres., Miss H. C. Wilson; Pres., Mrs. M. Quall; First Vice-Pres., Mrs. F. Gunther; Sec. Vice-Pres., Mrs. E. Wagoner; Sec.-Treas., Miss E. Allen, 4-3rd St. E.; *Committee Conveners: Program & Social Finance*: Misses Summers Sharpe; *Flower*, Miss E. McIntyre; *Membership*, Miss G. Rowe; *Rep.* to *The Canadian Nurse*, Miss J. McBain.

A.A., Galt Hospital, Galt

President, Mrs. E. D. Scott; Vice-President, Miss Hazel Blagden; Secretary, Mrs. A. Bond, General Hospital; Treasurer, Mrs. W. Bell; *Committee Conveners: Social*, Miss Claire Murphy; *Flower*, Miss L. MacNair; *Press*, Mrs. J. M. Byrne.

A.A., Guelph General Hospital, Guelph

Honourary President, Miss S. A. Campbell; President, Miss L. Ferguson; First Vice-President, Mrs. F. C. McLeod; Secretary, Miss Mary R. Upward, General Hospital; Treasurer, Miss A. Armstrong.

A.A., St. Joseph's Hospital, Guelph

Hon. Pres., Sr. M. Augustine; Hon. Vice-Pres., Sr. M. Dominica; Pres., Miss Doris Milton; Vice-Pres., Miss Eva Murphy; Rec. Sec. Miss Henrietta McGillivary; Corr. Sec., Miss Mary Heffernan, 121 Duflin St.; Treas., Miss Hazel Harding; *Social Convener*, Miss Marian Meagher; *Rep.* to *The Canadian Nurse*, Miss M. Heffernan.

A.A., Hamilton General Hospital, Hamilton

Hon. President, Miss C. E. Brewster; President, Miss M. O. Watson; First Vice-President, Miss M. Watt; Second Vice-President, Miss N. Coles; Recording Secretary, Mrs. H. Roy; Corresponding Secretary, Miss E. Ferguson, Hamilton General Hospital; Treasurer, Mrs. W. N. Paterson, 114 Traymore St.; Secretary-Treasurer, Mutual Benefit Association, Miss H. Sabine, 132 Ontario Ave.; *Committee Conveners: Executive*, Miss E. Bingeman; *Social*, Miss H. G. McCulloch; *Flowers*, Miss G. Servos; *Budget*, Mrs. H. Roy.

A.A., St. Joseph's Hospital, Hamilton

Hon. Pres., Sr. M. Alphonsa; Hon. Vice-Pres. Sr. M. Grace; Pres., Miss Iva Loyst; Vice-Pres., Miss G. Neal; Rec. Sec., Miss F. Nicholson; Corr. Sec., Miss E. Moran, 95 Victoria Ave. S.; Treas., Miss L. Curry; *Representatives* to: *R.N.A.O.*, Miss A. Williams, 515 Dundurn St. S.; *The Canadian Nurse*, Miss Leona Johnson, S.J.H.

A.A., Hôtel-Dieu, Kingston

Hon. Pres., Rev. Sr. Rouble; Hon. Vice-Pres., Mrs. Elder; Pres., Mrs. J. Hickey; First Vice-Pres., Mrs. I. Fallon; Sec. Vice-Pres. Mrs. C. Keller; Sec., Miss M. Flood 380 Brock St.; Treas., Mrs. M. Heagle; *Committees: Executive*: Mmes Lawler, Ahern, Carey, Miss McGarry; *Visiting*: Misses Murray, Oswald; *Social*: Misses Cotty, Collins; *Rep.* to *The Canadian Nurse* Miss M. Catlin.

A.A., Kingston General Hospital, Kingston

Hon. President, Miss L. D. Acton; President, Mrs. F. W. Atack, Centre St.; First Vice-President, Mrs. Graham Campbell; Sec. Vice-President, Miss E. Freeman; Secretary, Mrs. Chas. Ryder, 811 Johnson St.; Treasurer, Mrs. C. W. Mallory, 176 Alfred St.; Assist. Treas., Miss P. Timmerman; *Press Representative*, Miss Mae Porter.

A.A., Kitchener and Waterloo General Hospital, Kitchener

Hon. Pres., Miss K. W. Scott; Pres., Mrs. H. Christner; First Vice-Pres., Miss G. Cornwall; Sec. Vice-Pres., Miss E. Carey; Sec., Miss O. Daltz, K. & W. Hospital; Treas., Miss E. Jantzen; *Committee Conveners: Program*, Miss M. McManus; *Lunch*, Mrs. R. Hodd; *Flowers*: Misses M. McManus, M. McLean; *Rep.* to *The Canadian Nurse*, Miss A. Leslie.

A.A., St. Mary's Hospital, Kitchener

Hon. Pres., Rev. Sr. M. Gerard; Hon. Vice-Pres., Rev. Sr. M. Geraldine; Pres., Miss Millie A. G. Brand; Vice-Pres., Miss Jean Pickard; Rec. Sec., Miss Melva Lapsley; Corr. Sec., Miss Marie A. Lorentz, 92 Victoria St. S., Waterloo; Treas., Miss Beatrice Hertel.

A.A., Ross Memorial Hospital, Lindsay

Hon. Pres., Miss E. S. Reid; Pres., Miss C. Fallis; First Vice-Pres., Miss G. Lehigh; Sec. Vice-Pres., Miss D. Wilson; Sec., Miss H. Hopkins R.M.H.; Treas., Miss A. Webber; *Committee Conveners: Program*, Miss V. Pickins; *Refreshments*, Miss D. Currins; *Flower*, Mrs.

M. I. Thurston; *Red Cross Supply*, Miss A. Flett; *Rep.* to *Press*, Miss G. McMillan.

A.A., Ontario Hospital, London

Hon. Pres., Miss F. M. Thomas; Pres., Mrs. F. Cline; Vice-Pres., Mrs. K. Schlimme, Miss N. Stewart; Sec., Mrs. M. Millen, 398 Spruce St.; Ass. Sec., Mrs. E. Stutt; Treas., Miss N. Williams; *Committee Conveners*: *Flower*, Mrs. E. Grosvener; *Social*, Misses L. Steele, V. Johnson; *Social Service*, Miss F. Stevenson; *Parcels for Armed Forces*, Miss N. Williams; *Publications*, Mrs. P. Robb.

A.A., St. Joseph's Hospital, London

Hon. Pres., Mother M. Theodore; Hon. Vice-Pres., Sister M. Ruth; Pres., Miss I. Griffin; First Vice-Pres., Miss M. Russell; Sec. Vice-Pres., Miss A. Kelly; Corr. Sec., Miss M. Best, 579 Waterloo St.; Rec. Sec., Miss B. Crawford; Treas., Miss A. Schweitzer; *Committee Conveners*: *Social*: Misses M. Ings, M. Kelly; *Finance*: Misses M. Etue, O. O'Neil; *Reps.* to *Registry*: Misses M. Baker, E. Beger; *Press*, Miss M. Regan.

A.A., Victoria Hospital, London

Hon. Pres., Miss H. M. Stuart; Hon. Vice-Pres., Mrs. A. E. Silverwood; Pres., Miss G. Erskine; First Vice-Pres., Miss M. Stevenson; Sec. Vice-Pres., Miss A. Mallock; Rec. Sec., Miss A. Versteeg; Corr. Sec., Mrs. M. Ripley, 422 Central Ave.; Treas., Miss E. O'Rourke, 188 Colbourne St.; *Publications*: Misses L. MacGugan, E. Stephens.

A.A., Niagara Falls General Hospital, Niagara Falls

Hon. Pres., Miss M. Parks; Pres., Mrs. D. Mylchreest; Hon. Vice-Pres., Miss M. Buchanan; First Vice-Pres., Miss R. Livingstone; Sec. Vice-Pres., Miss D. Scott; Sec., Mrs. E. Robins, 2432 Ker St.; Treas., Miss M. Cooley, 730-4th Ave.; *Committees*: *Visiting*, Miss R. Wilkinson; *Educational*, Miss J. McNally; *Membership*, Miss V. Wigley; *Reps.* to: *The Canadian Nurse* & *R.N.A.O.*, Miss I. Hammond; *Press*, Mrs. Efferick.

A.A., Orillia Soldiers' Memorial Hospital, Orillia

Honourary Presidents, Miss E. Johnston, Miss O. Waterman; President, Mrs. H. Hannaford; Vice-Presidents, Miss C. Buie, Miss M. MacLelland; Treasurer, Miss L. V. MacKenzie, 21 William St.; Secretary, Miss Muriel Givens, 23 Albert St.; *Directors*: Misses S. Dudenhoffer, B. McFadden, G. Adams; *Auditors*: Miss F. Robertson, Mrs. H. Burnet.

A.A., Oshawa General Hospital, Oshawa

Hon. Presidents, Misses E. MacWilliams, B. Bell, E. Stuart; Pres., Miss M. Green; First Vice-Pres., Miss P. Richardson; Sec. Vice-Pres., Miss M. Gibson; Sec., Miss M. Anderson; Corr. Sec., Miss L. McKnight, 39 Elgin St. E.; Treas., Miss A. Knott; *Committee Conveners*: *Program*, Miss H. Trew, *Social*, Miss D. Brown; *Rep.* to *The Canadian Nurse*, Miss W. Werry.

A.A., Lady Stanley Institute (Incorporated 1918) Ottawa

Hon. Pres., Mrs. W. S. Lyman; Pres., Mrs. W. E. Caven; Vice-Pres., Miss G. Halpenny; Sec., Miss M. McNee, 152-1st Ave.; Treas., Mrs. G. C. Bennett, 81 Euclid Ave.; *Board of Directors*: Mrs. Waddell, Misses McNiece, McGibbon, Flack; *Flower Convener*, Miss E. Booth; *Reps.* to: *Press*, Miss G. Halpenny; *Registry*: Misses M. Slinn, E. Curry; *The Canadian Nurse*, Mrs. V. Boles.

A.A., Ottawa Civic Hospital, Ottawa

Hon. Pres., Miss G. M. Bennett; Pres., Miss D. Ogilvie; First Vice-Pres., Miss L. Gourlay; Sec. Vice-Pres., Miss G. Ferguson; Rec. Sec., Miss G. Wilson; Corr. Sec. & Press, Miss M. Tullis O.C.H.; Treas., Miss D. Johnston, 98 Holland Ave.; *Councillors*: Mmes M. Johnston, H. Kidd, G. Dunning, E. Haines, Misses Fleiger, H. Wilson; *Committee Conveners*: *Flower*, Miss H. King; *Visiting*, Miss Joyce; *Reps.* to: *Central Registry*, Misses R. Alexander, O. Bradley, E. Graydon, C. McLeod.

A.A., Ottawa General Hospital, Ottawa

Hon. President, Rev. Sr. Flavie Domitille; Hon. Vice.-Pres., Rev. Sr. Helen of Rome; Pres., Miss Viola Foran; First Vice-Pres., Miss Alice Proulx; Sec. Vice-Pres., Miss Rose Therien; Secretary-Treasurer, Miss Lucille Brule, 95 Glen Ave.; *Membership Secretary*, Miss Florence Lepine; *Councillors*: Mmes E. Viau, L. Dunn, Misses E. Byrne, M. Prindeville, J. Larochelle.

A.A., St. Luke's Hospital, Ottawa

Hon. Pres., Miss E. Maxwell, O.B.E.; Pres. Mrs. W. H. Johnston; Vice-Pres., Mrs. J. Pritchard; Sec., Mrs. J. Hall, 17 Openago Rd.; Treas., Mrs. J. W. Shore; *Committees*: *Flowers*: Misses Lewis, Craig; *Refreshments*: Misses Nelson, Allen; *Reps.* to: *Central Registry*: Mrs. Brown, Miss Heron; *Local Council of Women*, Mrs. Mothersill; *Press*, Miss Johnston.

A.A., Owen Sound General and Marine Hospital, Owen Sound

Honourary Presidents, Miss E. Webster, Miss R. Brown; President, Miss C. MacKeen; First Vice-President, Miss V. Reid; Secretary-Treasurer, Mrs. Ralph Snelgrove, 750 Second Avenue, West; *Representative* to *R.N.A.O.*, Miss P. Ellis.

A.A., Nicholls Hospital, Peterborough

Hon. Pres., Mrs. E. M. Leeson, Miss E. G. Young; Pres., Miss Lottie Ball; First Vice-Pres., Miss D. E. MacBuen; Sec. Vice-Pres., Miss J. Preston; Rec. Sec., Miss Florence Scott; Corr. Sec., Miss A. MacKenzie, 758 George St.; Treas., Miss Isobel King, 210 Antrim St.; *Social Conveners*: Mrs. V. Janeway, Miss S. Trotter; *Flower Convener*, Miss Mae Stone.

A.A., St. Joseph's Hospital, Port Arthur

Honourary President, Rev. Mother Camillus; Honourary Vice-President, Rev. Sister Sheila; President, Mrs. Jack Tiskey; Vice-President, Miss Cecila Kelly; Secretary, Mrs. Jack Weir, 419 Ambrose St.; Treasurer, Miss Millie Reid; *Executive*: Misses Alli Johnson, Lucy Miocich, Olive Thompson, Isabel Hamer, Mrs. W. Geddes.

A.A., Sarnia General Hospital, Sarnia

Hon. Pres., Miss Shaw; Pres., Miss M. Thompson; Vice-Pres., Mrs. V. Galloway; Sec., Miss F. Morrison, 138½ N. Front St.; Treas., Miss I. Dunford; *Committee Conveners*: *Social*, Miss Revington; *Program*, Miss Bloomfield; *Flower & Visiting*, Miss Cairns; *Alumnae Room*, Miss Shaw; *Nominating*, Miss Siegrist; *Rep.* to: *The Canadian Nurse & Press*, Mrs. M. Elrick.

A.A., Stratford General Hospital, Stratford

Hon. Pres., Miss A. M. Munn; Pres., Miss E. Howald, General Hospital; Vice-Pres., Miss M.

Murr; Sec., Mrs. G. M. Peter, 65 Front St.; Treas., Miss B. Williams, General Hospital; *Committee Conveners; Social*: Miss E. Doupe (convener), Misses H. Prouse, J. Watson, J. MacLeod; *Flower & Gift*, Miss A. Ballantyne.

A.A., Mack Training School, St. Catharines

Pres., Miss E. Buchanan; First Vice-Pres., Miss R. Fowler; Sec., Miss W. Sayers, General Hospital; Treas., Miss E. Dougher; *Conveners: Program*, Miss J. Turner; *Social*, Mrs. Zaritsky; *Flower*, Miss L. Koltmeier; *Visiting*, Miss S. Murray; *Advisory Committee*: Mmes J. Parnell, C. Hesburn; *Press*, Miss H. Brown; *Rep.* to *The Canadian Nurse*, Miss M. Moulton.

A.A., St. Thomas Memorial Hospital, St. Thomas

Hon. Pres., Miss J. M. Wilson; Hon. Vice-Pres., Miss F. Kudoha; Pres., Miss E. Stoddern; First Vice-Pres., Miss E. Ray; Sec., Mrs. B. Davidson; Corr. Sec., Miss E. Dodds, 33 Wellington St.; Treas. Miss P. Howell; *Committee Conveners*: *Social*, Miss A. Claypole; *Flower*, Miss M. Broadley; *Ways & Means*, Miss A. Fryer; *Reps.* to *R.N.A.O.*, Miss B. McGee; *Press*, Miss E. Jewell.

A.A., The Grant Macdonald Training School for Nurses, Toronto

Honourary President, Miss Pearl Morrison; President, Mrs. E. Jacques; Vice-President, Miss A. Lendrum; Recording Secretary, Mrs. M. Smith, 130 Dunn Avenue; Corresponding Secretary, Miss I. Lucas, 130 Dunn Avenue; Treasurer, Miss Maud Zufelt; *Social Convener*, Miss B. Langdon.

A.A., Hospital for Sick Children, Toronto

Pres., Mrs. D. E. MacKenzie; First Vice-Pres., Mrs. W. S. Keith; Sec. Vice-Pres., Miss M. McInnis; Rec. Sec., Miss H. Booth; Corr. Sec., Mrs. W. Ritchie, 55 Colin Ave.; Treas., Miss F. Watson, H.S.C.

A.A., Riverdale Hospital, Toronto

Pres., Mrs. S. J. Hubbert; First Vice-Pres., Miss A. Armstrong; Sec. Vice-Pres., Miss M. Thompson; Sec., Mrs. H. E. Radford, 6 Neville Pk. Blvd.; Treas., Mrs. T. Fairbairn; *Conveners: Program*, Miss Mathieson; *Visiting*: Mrs. Spreeman. Miss M. Thompson; *Reps.* to: *Press & Publication*, Miss J. Forbes; *R.N.A.O.*, Miss O. Gerber; *The Canadian Nurse*, Miss Armstrong.

A.A., St. John's Hospital, Toronto

Hon. Pres., Sr. Beatrice; Pres., Miss M. Martin; First Vice-Pres., Miss D. Whiting; Sec. Vice-Pres., Miss M. Creighton; Rec. Sec., Miss M. Anderson; Corr. Sec., Miss M. Riches, St. John's Convalescent Hospital; Treas., Miss A. Greenwood; *Entertainment Convener*, Miss R. Ramsden; *Visiting Convener*, Miss L. Richardson; *Rep.* to *Press*, Miss E. Price.

A.A., St. Joseph's Hospital, Toronto

Pres., Miss T. Hushin; First Vice-Pres., Miss M. Goodfriend; Sec. Vice-Pres., Miss V. Smith; Rec. Sec., Miss M. Donovan; Corr. Sec., Miss M. T. Caden, 474 Vaughan Rd.; Treas., Miss L. Hill; *Entertainment Convener*, Mrs. J. Shapley; *Program Convener*, Miss M. Kelly; *Representative to R.N.A.O.*, Miss C. Knaggs.

A.A., St. Michael's Hospital, Toronto

Hon. Pres., Sr. Mary of the Nativity; Hon. Vice-Pres., Sr. M. Kathleen; Pres., Miss D. Murphy; First Vice-Pres., Miss M. Stone; Sec. Vice-Pres., Miss K. Boyle; Rec. Sec., Miss M. McRae; Corr. Sec., Mrs. M. Benny, 2310 Bloor St. W., Apt. 1; Treas., Miss K. Meagher; *Councillors*: Misses M. Hughes, E. Crocker, K. Hammil; *Committee Conveners*: *Press*, Miss H. Cavanagh; *Mag. Editor*, Miss M. Crowley; *Assoc. Membership*, Mrs. R. Slingerland; *Reps.* to: *Hospital & School of Nursing Section*, Miss G. Murphy; *Public Health Section*, Miss M. Tisdale; *Local Council of Women*, Mrs. T. Scully.

A.A., School of Nursing, University of Toronto, Toronto

Hon. Pres., Miss E. K. Russell; Hon. Vice-Pres., Miss F. H. Emory; Pres., Miss M. Macfarland; First Vice-Pres., Miss J. Leask; Sec. Vice-Pres. Miss E. Cryderman; Sec., Miss M. Nicol, 226 St. George St.; Treas., Miss E. J. Davidson; *Conveners*: *Membership*, Mrs. M. McCutcheon; *Endowment Fund*, Miss E. Fraser; *Program*, Miss J. Wilson; *Social*, Miss B. Ross.

A.A., Toronto General Hospital, Toronto

Pres., Miss Ethel Cryderman; First Vice-Pres. Miss Marion Stewart; Sec. Vice-Pres., Mrs. R. F. Chisholm; Sec.-Treas., Miss Leslie Shearer, 5 High Park Ave.; *Councillors*: Misses C. Wallace, E. Graham, E. Clancey, Mrs. J. B. Wadland; *Committee Conveners*: *Archives*, Miss J. M. Kniseley; *Flower*, Mrs. J. B. Wadland; *Social*, Miss F. Chantler; *Program*, Miss S. Sewell; *Gift*, Miss M. Fry; *Scholarship*, Miss G. Lovell; *"The Quarterly"*, Mrs. H. E. Wallace.

A.A., Training School for Nurses of the Toronto East General Hospital with which is incorporated the Toronto Orthopedic Hospital, Toronto

Honourary President, Miss Ella MacLean; President, Miss Margaret Purvis; Secretary, Miss D. Jean Smith, 64 Hewitt Avenue, Toronto; Treasurer, Miss Dorothy Golden.

A.A., Toronto Western Hospital, Toronto

Hon. Presidents, Miss B. Ellis, Mrs. C. J. Currie; President, Mrs. Douglas Chant; Vice-President, Miss Mae Palk; Corresponding Secretary, Miss Isabel Kee, Nurses Residence, T.W.H.; Recording Secretary, Mrs. Fooks; Treasurer, Miss Benita Post, Western Hospital; *Representative* to *The Canadian Nurse*, Miss Elizabeth Westren.

A.A., Wellesley Hospital, Toronto

Hon. Pres., Miss E. K. Jones; Pres., Miss J. Harris; First Vice-Pres., Miss M. Stanton; Sec.

Vice-Pres., Miss M. Johnston; Rec. Sec., Miss G. Schwindt; Corr. Sec., Miss M. Russell, 4 Thurloe Ave.; Treas., Miss J. Brown; Treas. *Sick Fund*, Miss D. Good; *General Committee*: Misses E. Cowan, J. Hayden, B. Calvert, J. Laird, H. Wark, G. Bolton, Mrs. Reeve.

A.A., Women's College Hospital, Toronto

Honourary President, Mrs. Bowman; Honourary Vice-President, Miss H. T. Melklejohn; President, Mrs. S. Hall, 866 Manning Ave.; Recording Secretary, Miss Isabel Hall, Women's College Hospital; Treasurer, Miss W. Worth, 93 Scarboro Beach Blvd.; *Representative* to *The Canadian Nurse*, Miss Mary Chalk.

A.A., Ontario Hospital, New Toronto

Hon. Pres., Miss E. Rothery, Mrs. C. Brock; Pres., Miss L. Sinclair; First Vice-Pres. Miss M. Wright; Rec. Sec., Miss E. McCalpin; Corr. Sec., Miss F. Greenslade, Ontario Hospital; Treas., Miss V. Dodd; *Committee Conveners*: *Program*, Miss B. Thompson; *Social*, Miss A. McArthur; *Visiting & Flower*, Miss G. Reid; *Rep.* to *The Canadian Nurse*, Miss D. Wylie.

A.A., Grace Hospital, Windsor

President, Mrs. Wallace Townsend; Vice-President, Miss Audrey Holmes; Secretary, Miss Louise Corcoran, 435 Pitt Street, West; Treasurer, Mrs. A. Shea; *Echoes' Editor*, Adjutant G. Barker.

A.A., Hôtel-Dieu Hospital, Windsor

Hon. Past Pres., Sr. Marie de la Ferre; Hon. Pres., Rev. M. Claire Maitre; Pres., Miss J. Byrne; First Vice-Pres., Mrs. J. Pratt; Sec. Vice-Pres., Miss M. McKinley; Sec., Miss M. Beaton, 1542 Goyeau St.; Corr. Sec., Sr. M. Roy, Hotel-Dieu; Treas., Miss M. Lawson, 1529 Victoria Ave.; *Visiting Committee*: Misses M. May, G. Helmer.

A.A., General Hospital, Woodstock

Pres., Miss Mary Matheson; Vice-Pres., Mrs. Jack Town; Sec., Miss A. Aitcheson; Ass. Sec., Miss M. I. Matheson; Treas., Miss A. Arnott; Ass. Treas., Miss K. Mahon; Corr. Sec., Miss E. Rickard, 211 Wellington St.; *Committee Conveners*: *Flowers & Gifts*: Misses M. Hodgins, N. Smith; *Program*, Miss M. Gillespie; *Social*, Mrs. King; *Rep.* to *Press*, Miss B. Calvert.

QUEBEC

A.A., Children's Memorial Hospital, Montreal

Hon. Presidents, Misses A. S. Kinder, E. Alexander; Pres., Miss H. Nuttall; Vice-Pres., Miss M. Robinson; Sec., Miss Rose Wilkinson, Children's Memorial Hospital; Treas., Miss R. Allison; *Social Convener*, Miss A. Cameron; *Representatives* to: *Private Duty Section*, Miss V. Ford; *The Canadian Nurse*, Miss M. Collins.

A.A., Homoeopathic Hospital, Montreal

Hon. Pres. Miss V. Graham; Pres., Miss N. Gage; First Vice-Pres., Miss J. Morris; Sec., Miss M. Stewart, 865 Richmond Sq.; Treas. Mrs. M. I. Warren; *Conveners*: *Sick Benefit*, Mrs. Warren; *Visiting*: Misses Campbell, Currie; *Program*, Miss Macdonald; *Refreshment*, Miss Perron; *General Nursing Section*: Misses Allnutt, Snasdell-Taylor.

A.A, Lachine General Hospital, Lachine

Honourary President, Miss L. M. Brown; President, Miss Ruby Goodfellow; Vice-President, Miss Myrtle Gleason; Secretary-Treasurer, Mrs. Byrtha Jobber, 60-51st Ave., Dixie—Lachine; *General Nursing Representative*, Miss Ruby Goodfellow; *Executive Committee*: Mrs. Barlow, Mrs. Gaw, Miss Dewar.

L'Association des Gardes-Malades Diplômées, Hôpital Notre-Dame, Montréal

Hon. Pres., Rév. Sr. Papineau; Hon. Vice-Pres., Rév. Sr. Décary; Pres., Mlle Eva Mérizzi; First Vice-Pres., Mlle Germaine Latour; Sec. Vice-Pres., Mlle Laurence Deguire; Rec. Sec., Mlle Ola Sarrazin; Corr. Sec., Mlle Bernadette Magnan, 2205 rue Maisonneuve; Assoc. Sec., Mlle S. Bélaire; Treas., Mlle Carmelle Lamoureux; *Councillors*: Mlles M. Lussier, C. Lazure, J. Vanier.

A.A., Montreal General Hospital, Montreal

Hon. Presidents, Miss Webster, Miss Tedford; Hon. Treasurer, Miss Dunlop; President, Miss Catherine Anderson; First Vice-President Miss Bertha Birch; Second Vice-President, Miss Mary Long; Recording Secretary, Miss Jean McNair; Corresponding Secretary, Miss Mabel Shannon, Nurses Home, Montreal General Hospital; Treasurer, Miss Isabel Davies; *Committees*: *Executive*: Misses M. K. Holt, A. Whitney, H. Bartsch, E. Robertson, Mrs. F. Johnston; *Program*: Misses M. Batson E. Denman, K. Annesley; *Refreshment*: Misses Clifford (convener), Michie, A. Scott, B. Broadhurst, M. McQuarrie; *Visiting*: Misses M. Ross, B. Miller, H. Christian; *Representatives* to: *General Nursing Section*: Misses A. Whitney, M. McLeod, C. Pope, J. Ross; *Local Council of Women*: Misses A. Costigan, M. Stevens; *The Canadian Nurse*: Miss C. Watling.

A.A., Royal Victoria Hospital, Montreal

Hon. Pres., Miss Mabel Hersey; Pres., Mrs. S. A. Taylor; First Vice-Pres., Miss F. Munroe; Sec. Vice-Pres., Miss W. McLean; Rec. Sec. Miss D. Goodill; Sec.-Treas., Miss Grace Moffat, R.V.H.; *Board of Directors* (without office): Miss E. Flanagan, Mrs. E. O'Brien; *Conveners of Standing Committees*: *Finance*, Mrs. R. Fetherstonhaugh; *Program*, Miss G. Yeats; *Scholarship*, Miss W. MacLean; *General Nursing*, Miss E. Killins; *Conveners of Other Committees*: *Canteen*, Mrs. W. A. G. Bauld; *Red Cross*, Mrs. F. E. McKenty; *Visiting*, Miss Purcell; *Reps.* to: *Local Council of Women*, Mrs. V. Ward, Miss K. Dickson; *The Canadian Nurse*, Miss G. Martin.

A.A., St. Mary's Hospital, Montreal

Hon. Pres., Rev. Sister Rozon; Pres., Miss E. O'Hare; Vice-Pres., Miss M. Smith; Rec. Sec.

Mrs. L. O'Connell; Corr. Sec., Miss E. O'Connell; 4625 Earnscliffe Ave.; Treas., Miss E. Quinn; *Committees*: *Entertainment*: Misses Marwan, D. McCarthy, McDerby, Ryan; *Visiting*: Misses Brown, Coleman, Mullins; *Spcial Nurses*: Misses Goodman, P. McCarthy; *Reps.* to: Press: Misses Zurick, Culligan; *The Canadian Nurse*, Miss E. Toner.

A.A., School for Graduate Nurses. McGill University, Montreal

Pres., Miss Margaret Brady; Vice-Pres., Miss Winnifred McCunn; Sec.-Treas., Miss Jessie Cooke, Woman's General Hospital, Westmount; *Conveners*: *Flora M. Shaw Memorial Fund*, Mrs. L. H. Fisher; *Program*, Miss R. Lamb; *Representatives* to: *Local Council of Women*: Mrs. J. R. Taylor, Miss E. Martin; *The Canadian Nurse*, Miss C. Aitkenhead, Homoeopathic Hospital.

A.A., Woman's General Hospital, Westmount

Hon. Presidents, Misses Trench, Pearson; Pres., Miss C. Martin; First Vice-Pres., Mrs. Crewe; Sec. Vice-Pres., Miss Rosen; Rec. Sec., Miss Van-Buskirk; Corr. Sec., Mrs. G. Bentley, 3582 University St.; Treas., Miss Francis; *Committees*: *Visiting*: Misses T. Wood, G. Wilson; *Social*: Mrs. Saginur, Miss Yellin; *Rep.* to *The Canadian Nurse*, Miss Francis.

A.A., Jeffery Hale's Hospital, Quebec

Pres., Mrs. A. W. G. Macalister; First Vice-Pres., Mrs. L. Teakle; Sec. Vice-Pres., Miss G. Weary; Sec., Miss M. G. Fischer, 305 Grande Allée; Treas., Mrs. W. D. Fleming; *Councillors*: Misses Wolfe, Kennedy, Fitzpatrick, Ross, Mrs. Pfeiffer; *Committees*: *Refreshment*: Misses Kirtsen, Jones, Warren, Dawson; *Visiting*: Misses Douglas (convener), Martin, Mmes. Raphael, Gray; *Program*: Mmes. Young, Teakle, Misses Lunam, Douglas; *Reps.* to: *Private Duty Section*: Misses Walsh, Perry; *The Canadian Nurse*, Miss N. Humphries.

A.A., Sherbrooke Hospital, Sherbrooke

Hon. Pres., Miss V. K. Bean; Pres., Mrs. H. Leslie; First Vice-Pres., Miss N. Malone; Sec. Vice-Pres., Mrs. G. Ransehousen; Rec. Sec., Mrs. G. Sangster; Corr. Sec., Mrs. R. Mooney, 174 Portland Ave.; *Entertainment Convener*, Mrs. W. Cohoon; *Representatives* to: *Private Duty Section*, Miss D. Ross; *The Canadian Nurse*, Mrs. G. MacKay, 55 Bethune St.

SASKATCHEWAN

A.A., Grey Nuns' Hospital, Regina

Honourary President, Sr. M. J. Tougas; President, Mrs. A. Counter; Vice-President, Mrs. F. Racette; Secretary-Treasurer, Mrs. R. Mogridge; Corresponding Secretary, Miss Ina M. Montgomery, Grey Nuns' Hospital.

A.A., Regina General Hospital, Regina

Hon. Pres., Miss D. Wilson; Pres., Miss M. Brown; First Vice-Pres., Miss R. Ridley; Sec., Miss V. Mann, Regina General Hospital; Treas., Miss E. Sweitzer, R.G.H.; *Representatives* to: *Local Paper*, Miss G. Glasgow; *The Canadian Nurse*, Miss K. Sharp.

A.A., St. Paul's Hospital, Saskatoon

Hon. Pres., Sister La Pierre; Pres., Miss F. Bateman; First Vice-Pres., Miss M. Bohl; Sec. Vice-Pres., Mrs. E. Turner; Sec., Miss C. Castagnier, St. Paul's Hospital; Treas., Miss L. Strate; *Councillors*: Mrs. A. Hyde, Mrs. A. Thompson, Miss A. Templeman, Mrs. H. Mackay; *Ways & Means Committee*: Mrs. C. Darbellay, Mrs. B. Hayes, Mrs. A. Barker.

A.A., Saskatoon City Hospital, Saskatoon

Hon. Pres., Miss E. Howard; Pres., Miss M. Chisholm; Vice-Pres., Miss Collins, Miss Grant; Rec. Sec. Miss D. Bjarnason; Corr. Sec., Miss D. Duff, S.C.H.; Treas., Miss E. Graham; *Conveners*: *Ways & Means*, Mrs. C. Fletcher; *Social*, Mrs. J. Gibson; *Program*, Mrs. H. Atwell; *Red Cross*, Mrs. T. Binnie; *Visiting & Flower*, Miss V. Bergren; *Press*, Miss M. Fofonoff.

A.A., Yorkton Queen Victoria Hospital, Yorkton

Honourary President, Mrs. L. V. Barnes; President, Mrs. J. Young; Vice-President, Miss E. Flanagan; Secretary, Mrs. T. E. Darroch, 59 Haultain Ave.; Treasurer, Mrs. G. Heard; *Councillors*: Mrs. W. Sharpe, Mrs. F. Kisby, Mrs. J. Parker; *Social Convener*, Mrs. G. Parsons; *Representative* to *The Canadian Nurse*, Mrs. W. Sharpe.

Associations of Graduate Nurses

Overseas Nursing Sisters Association of Canada

Pres., Miss Irene Barton, Deer Lodge Hospital; First Vice-Pres., Miss Elsie Wilson, Winnipeg; Sec. Vice-Pres., Mrs. Clark Davidson, Winnipeg; Third Vice-Pres., Mrs. C. A. Young, Ottawa; Sec.-Treas., Miss Anne F. Mitchell, Ste. 6, Yale Apts., Colony St., Winnipeg; *Representatives from Local Unit*: Miss Edith Hudson, Miss Emily Parker.

MANITOBA

Brandon Graduate Nurses Association

Hon. Pres., Miss E. Birtles, O.B.E.; Pres., Mrs. S. Purdue; Vice-Pres., Miss M. Morton, Sec., Miss A. Crighton, Brandon General Hospital; Treas., Mrs. J. Selbie; Registrar, Miss C. Macleod; *Conveners*: *Red Cross*, Mrs. H. McKenzie; *Social*, Miss M. Trotter; *Press*, Miss W. Mitchell; *General Nursing*, Miss G. Lamont; *Rep.* to *The Canadian Nurse*, Miss G. Kennettle.

QUEBEC

Montreal Graduate Nurses Association

President, Miss Effie Killins; First Vice-Pres., Miss Clarice Smith; Sec. Vice-Pres., Miss Lillian MacKinnon; Hon. Sec.-Treas., Miss Dorothy Shoemaker, 1230 Bishop St.; *Director of Nursing Registry*, Miss E. B. Ross, 1234 Bishop St. Regular meetings second Tuesday January, first Tuesday April, October, and December.

THE CANADIAN NURSE

Index to Volume 38

January-December 1942

The material in this index is arranged under subjects, authors, and titles. Titles are given in full with the author's name.

The page numbers included in each issue of Volume 38 are shown below.

January	pp.	1— 72	July	pp.	449—520
February	pp.	73—144	August	pp.	521—592
March	pp.	145—216	September	pp.	593—748
April	pp.	217—288	October	pp.	749—824
May	pp.	289—360	November	pp.	825—900
June	pp.	361—448	December	pp.	901—984

Abernethy, C.A.S., A day's work in Newfoundland, 487
Acute otitis media (Campbell), 167
Ahern, A., Health insurance and nursing service, 706
Albert, A., Giroux, S., and Johns, E., Travaillons ensemble, 330
Albert, Sister St., The head nurse as clinical teacher, 681
Allder, E., Correlation of classroom teaching and clinical experience, 684
Anderson, B., Post-graduate clinical experience, 659
Anderson, B., Report of the committee on syllabus for training voluntary aid detachments, 714
Anderson, B., Report of Hospital and School of Nursing Section, 698
Anthrax (Knaggs), 553
Armour, R. G., Fever therapy, 92

Articles in French:

- Ecole d'Infirmières Hygiénistes, 794
- Hygiène familiale, 112
- Rapport de Co-aviseur en nursing d'urgence (Giroux), 645
- Rapport de la section d'hygiène publique (Martineau), 696
- Travaillons ensemble (Albert, Giroux and Johns), 330
- Une visite chez Jeanne Mance en 1672 (Godbout), 558

At work in an Indian school (Stewart), 115
Autumn comes in Aklavik (Rundle), 838

Bailey, L., Nursing care of patients undergoing chemotherapy, 837
Baker, M., Preparation for the general practice of nursing, 668
Baker, M., Report of General Nursing Section, 700
Baker, M., Training practical nurses, 407
Baker, M., Wanted—leaders in the General Nursing Section, 405
Baker, Madalene: 545, 788
Baltzan, D. M., Internal medicine and the student nurse, 949
Batson, M., Teamwork in the A.R.N.P.Q., 262
Batson, M., Welcome to Montreal, 304
Beacock, M., and Magee, K., A difficult case, 253

Blood Transfusion:

- Blood donor service in Halifax (Brown), 872
- Blood transfusion (Boyd), 388
- Blood transfusion in a gynaecological service (Wilson), 921

Book Reviews: 47, 191, 261, 803
Botsford, M., Planning a refresher course, 249
Boyd, D. P., Blood transfusion, 388

Bradley, H., Defunctioning transverse colon colostomy, 468
Brooke, A., Rendezvous, 62
Brown, F., A blood donor service in Halifax, 872
Brown, H., Health teaching, 39
Browne, J. E., Report of the national joint committee on the enrolment of nurses for war and emergency service, 711
Brownell, P., The point of view of the registrar, 44
Buck, Marjorie: 545, 787

Campbell, A. A., Acute otitis media, 167

Canadian Broadcasting Corporation:
Health notes by radio, 855
Over a national hook-up, 554

Canadian Nurses Association:

Accelerated basic course: 925, 929

British Nurses Relief Fund: 34, 311, 475
British Nurses Relief Fund (contributions to): 35, 102, 175, 244, 311, 398, 475, 545, 791, 857, 940
Bursaries: 836, 856, 930

Committee (advisory) to Emergency Nursing Adviser, 928
Committee on award of bursaries (report of), 933
Committee on eight-hour duty: 171, 720
Committee on the enrolment of nurses for war and emergency service: 398, 711
Committee on exchange of nurses: 717, 927
Committee on health insurance and nursing service, 706, 927
Committee on history of nursing in Canada, 718, 927
Committee on nursing education: 171, 650
Committee on subsidiary nursing groups, 927
Committee on syllabus for training voluntary aid detachments: 172, 714

Distribution of registered nurses in Canada, 310

Emergency Nursing Adviser: 160, 239, 307, 393, 542, 636, 645, 648, 791, 926
Executive Secretary of the C. N. A. (report of), 725

General Meeting, 1942: 33, 101, 174, 243, 245, 304, 30, 397, 533, 545
Government grant committee, 930

Health notes by radio, 855

Membership, 174
Message from Australia, 790
Mobilization of health resources, 172

National voluntary war services advisory committee: 172, 713, 927
Nightingale Memorial Committee (report of), 722
Nightingale Memorial Fund (contribution to), 103
Notes from the National Office: 33, 101, 171, 243, 309, 397, 475, 545, 723, 789, 855, 927

Officers elected for the ensuing biennium: 540, 545, 787

President's address (Fairley), 612
Provincial Associations (activities of): 173, 174, 929, 931

Resolutions and recommendations adopted at the General Meeting, 1942, 723

War time permits, 929

Canadian Nurses Association (sections of):

General Nursing Section (reports of): 172, 700, 931
Hospital and School of Nursing Section (reports of): 172, 698, 930
Public Health Section (reports of): 172, 688, 931

Canadian Red Cross Society:

Appointment of consultant, 228
Appointment of nursing supervisor, 40

Canadian Orthopaedic Unit for Scotland: 96, 239, 774
Courses in home nursing, 194
National joint committee on the enrolment of nurses for war and emergency service, 711

Canadian Women's Army Corps (organization of), 22
Central dressing room (Irenaeus), 549
Chantal, Sister F., Some newer drugs, 177
Chittick, R., Modernizing the manual on home nursing, 661
Chittick, Rae: 545, 787
Chodat, I. R., Maintaining standards of public health nursing, 183
Christilaw, R. C., S.R.N.A. travelling exhibit, 782
Convery, B., Case study of treatment of haemolitic jaundice, 421
Creelman, L., and Kerr, M. E., Public health nurses in Canada, 42
Creelman, L., Supervision in public health nursing, 793
Creelman, Lyle: 545, 788
Cruickshank, F. D., The industrial nurse, 850
Cryderman, E., Educational aspects of the Toronto Health Service, 864

Deacon, A. E., The treatment of poliomyelitis in the acute stage, 763
Defunctioning transverse colon colostomy (Bradley), 468
Delaney, W., Hospital adventures of a V.A.D., 846
Denniston, M. J., The head nurse as clinical teacher, 675
Denniston, M. J., The head nurse's share in ward teaching, 36
Destromp, L., Post-operative care of cleft palate, 477

Drugs:

Chemotherapy with sulphonamide drugs (Wightman), 835
Illegal traffic in narcotic drugs (Shinbane), 847
Some newer drugs (Chantal), 177

Earnshaw, M., With the Canadian Orthopaedic Unit for Scotland, 774

Editorials:

Dedication, 301
Genius loci, 85
On Christmas day in the morning, 913
One having authority, 833
Sharing the task, 227
We go forward together, 159

Ellis, K. W., Grace M. Fairley, 383
Ellis, K. W., Provisional council of University Schools and Departments of Nursing, 845
Ellis, K. W., Report of committee on eight-hour duty, 720

Emergency Nursing Adviser:

Advisory committee to Emergency Nursing Adviser, 928
Forty-eight hours in Prince Edward Island (Ellis), 542
Interim report (Ellis), 926
New ways in wartime (Ellis), 160
Provinces go into action (Ellis), 239
Provinces set the pace (Ellis), 393
Publicity campaign (Ellis), 791
Report of associate Emergency Nursing Adviser (Giroux), 645
Report of the Emergency Nursing Adviser (Ellis), 636
Westward bound (Ellis), 307

Emerson, B. A., and Stewart, E. I., Leaves from Alberta public health diaries, 775
Emmerton, M., The practical nurse and the registry, 486

Fairley, G. M., Faith and courage, 15
Fairley, G. M., The President's address, 612
Fairley, G. M., Watch your price ceiling, 180
Fairley, Grace M., 383

Faith and courage (Fairley), 15
Fenton, A. Edith, 544
Fever therapy (Armour), 92

Financial Control:

Gasoline sale restrictions, 175
Income tax exemptions for private duty nurses, 802
Married nurses and income tax, 789
Participation of women's national organizations in price control, 34
Watch your price ceiling (Fairley), 180

Flander, M., and Parry, D., Nursing aspects of poliomyelitis, 767
Fowler, D., A good place to learn, 493
Fraudulent agents: 702, 863
Fundamentals of professional leadership (Lindeburgh), 375

General Duty Nursing:

General staff nurse (Lusted), 703
Plea for the general duty nurse (Lawrie), 409
Preparation for the general practice of nursing (Baker), 668
Word from the patient (Wainwright), 778

General Nursing Section of the Canadian Nurses Association:

Reports of: 172, 700
Special Page in Journal: 44, 253, 405, 485, 553, 778, 872
Wanted——leaders in the General Nursing Section (Baker), 405

Gibson, M., The Toronto committee on instruction, 943
Gibson, M., Uniformity in examinations for registration, 656
Gibson, Miriam: 545, 788
Gillespie, R. D., Psychoneurosis in time of war, 463
Girard, Alice, 794
Giroux, S., Report of associate Emergency Nursing Adviser, 645
Giroux, S., Albert, A., and Johns, E., Travaillons ensemble, 330
Glendinning, H., Nursing care of patients during fever therapy, 93
Godard, W. V., A comparison of health service in elementary and secondary schools, 859
Godbout, C., Une visite chez Jeanne Mance en 1672, 558
Graham, V., An experiment in recruiting, 783

Grant from the Federal Government:

Budget for 1943, 924
Government grant committee, 930
Grant from the Federal Government (Lindeburgh), 607
Response from the Federal Government (Lindeburgh), 543

Great Britain:

Afterthoughts of a medical mission to Great Britain (Penfield), 86
British Civil Nursing Reserve: 33, 101
Glory of this house, 97
Royal College of Nursing, 108

Grignon, M. R., and Olivier, M., Family health in Montreal, 109
Hall, G. M., Miss Martin makes a time study: 30, 99
Hall, G. M., Nursing service in small hospitals, 23
Harvey, I., and Street, M., Integration of health and community aspects in the basic course, 867
Hatherley, R. D. J., A word for the small school, 123

Health Insurance and Nursing Service:

Brief submitted to director of public health services, 709
Correction in brief on nursing service in relation to health insurance, 856
Health insurance and nursing service (Ahern), 706

Herman, Blanche, G., 781

History of Nursing:

Fifty years ago (Hutchison), 879
History of the first hospital in Montreal (Mondoux), 396
Jeanne Mance (Lefebvre), 164

Holder, J. M., The Canadian Dietetic Association, 392
Holt, M. K., Report of the exchange of nurses committee, 717
Homersham, C., A bright idea, 548
Hopkins, C., The professional nurse, 877

Hospital and School of Nursing Section of the Canadian Nurses Association:

Reports of: 172, 698
Special Page in Journal: 36, 107, 177, 247, 321, 409, 477, 549, 785, 867, 943

Howard, Ella Mae, 106
Huber, M. W., Speech correction for cleft palate patients, 479
Hutchison, A. E., Fifty years ago, 879
In praise of famous women (MacDonald), 629

International Council of Nurses:

International Council of Nurses: 173, 726
Nursing today—an adventure (Taylor), 614

Irenaeus, Sister M., A central dressing room, 549

Jenkins, M., Staff education, 671
Jenkins, Marjorie: 545, 787
Johns, E., Albert, A., and Giroux, S., Travaillons ensemble, 330
Johnson, J. M., In charge at night, 875
Jolly, H. M., A word to the registrar, 46
Jones, D. R., Fighting tuberculosis, 483
Jones, G., Standardization of procedures, 107
Jones, R. O., Psychiatric principles in nursing practice, 229
Jordison, E., Nursing in chest surgery, 17

Keddy, A., Nursing study of acoustic neuroma, 323
Kelley, H., Care of the skin of the newborn infant, 302
Kellogg, W. K., Foundation, 546
Kerr, M. E., Kla-How-Ya, Tillicum, 41
Kerr, M. E., and Creelman, L., Public health nurses in Canada, 42
Kerr, M. E., Report of Public Health Section, 688
Kerr, M. E., Report of studies of minimum requirements for employment in the field of public health nursing, 690
Kerr, M. E., Standards for admission to courses in public health nursing, 694
Kerr, M. E., Teaching material for first aid instruction, 661
Kilpatrick, H., Institute for public health workers, 499
Kloepfer, A. T., We go on the wards, 871
Knaggs, C., A case of anthrax, 553

Lawford, R., Student nurses at the R.N.A.O., 420
Lawrie, A. F., A plea for the general duty nurse, 409
Lefebvre, Sister D., The head nurse as clinical teacher, 682
Lefebvre, Sister D., In-service education, 565
Lefebvre, Sister D., Jeanne Mance, 164
Letters from Sweden (Lyster): 26, 117, 189, 254, 488, 555
Levenick, H., Nursing care in plastic surgery of the external genitalia, 785
Lindeburgh, M.: 540, 545
Lindeburgh, M., Fundamentals of professional leadership, 375
Lindeburgh, M., Grant from the Federal Government, 607
Lindeburgh, M., Important emergency measures, 923
Lindeburgh, M., Our national duty, 759
Lindeburgh, M., Response from the Federal Government, 543

Lindeburgh, M., Safeguards to nursing—present and future, 650
Locke, Helen, 769
Lusted, H. J., The general staff nurse, 703
Lyster, E., Letters from Sweden: 26, 117, 189, 254, 488, 555

MacDonald, M., In praise of famous women, 629
Macfarland, M., The head nurse as clinical teacher, 679
Macfarland, Mary Elizabeth, 408
Mackenzie, N., Administrative problem, 663
Mackenzie, Norena, 40
MacRae, Dorothy, 476
Magee, K., and Beacock, M., A difficult case, 253
Mallory, E., Ward aides and helpers, 715
Martin, J. E., The lamp of learning, 315
Martineau, A., Rapport de la section d'hygiène publique, 696
Mathewson, M. S., E. Frances Upton, 386
Mathewson, M.S., New president of the C.N.A., 540
Mathewson, M. S., Report of the committee on history of nursing in Canada, 718
Mathewson, M. S., Summary of the report of the Emergency Nursing Adviser, 648
McDiarmid, I., In memory of Cory Mabel Taylor, 798
McDowell, E. M., Health—an experience for all, 251
McInnis, M. J., Nursing care in acute otitis media, 169
McKee, E. Muriel, 946
McLimont, M., Canada goes to South Africa, 914
McPhedran, Eleanor, 385

Medals make magic (Naylor), 104
Memorial service for nurses, 171
Metropolitan Nursing Service: 124, 196, 263, 404, 562, 735, 800, 884, 963
Military Nursing Service: see Royal Canadian Army Medical Corps Nursing Service
Mingie, S., Nursing care in colostomy, 259
Mondoux, Rev. Soeur, History of the first hospital in Montreal, 396
Munroe, F., Eleanor McPhedran, 385
Munroe, F., Report of bursary award committee, 933
Munroe, F., Report of the national voluntary war services advisory committee, 713
Munroe, Fanny: 545, 787
Myers, M., Correlation of classroom teaching and clinical experience, 686
Myers, M., Our unique resources, 247
National Selective Service, 925

Naval Nursing Service: see Royal Canadian Naval Nursing Service
Naylor, E., Medals make magic, 104
Neill, Agnes: 472, 781

Newfoundland:

Day's work in Newfoundland (Abernethy), 487
Newfoundland: 61, 277, 348, 438, 487, 841
Well, but busy (Squires), 841
News Notes: 52, 125, 197, 268, 340, 428, 500, 572, 736, 808, 886, 955

Nursing Care:

Care of the skin of the newborn infant (Kelley), 302
Difficult case (Magee and Beacock), 253
Nursing in chest surgery (Jordison), 17
Nursing care in acute otitis media (McInnis), 169
Nursing care in plastic surgery of the external genitalia (Levenick), 785
Nursing care of fractures (Ward and Robson), 233
Nursing care of patients during fever therapy (Glendinning), 93
Nursing care of patients undergoing chemotherapy (Bailey), 837
Post-operative care of cleft palate (Destromp), 477

Nursing Education:

Accelerated basic course: 925, 929
Administrative problem (Mackenzie), 663

Clinical teaching and supervision (Wilson), 666
Correlation of classroom teaching and clinical experience (Allder), 684
Correlation of classroom teaching and clinical experience (Myers), 686
Experiment in recruiting (Graham), 783
Head nurse as clinical teacher (Albert), 681
Head nurse as clinical teacher (Denniston), 675
Head nurse as clinical teacher (Lefebvre), 682
Head nurse as clinical teacher (Macfarland), 679
Head nurse's share in ward teaching (Denniston), 36
Health teaching (Brown), 39
In-service education (Lefebvre), 565
Integration of health and community aspects in the basic course (Street and Harvey), 867
Internal medicine and the student nurse (Baltzan), 949
Miss Martin makes a time study (Hall): 30, 99
Motion and time study (Waugh), 321
Our unique resources (Myers), 247
Planning a refresher course (Botsford), 249
School of nursing records (Thompson), 654
Staff education (Jenkins), 671
Standardization of procedures (Jones), 107
Teaching material for first aid instruction (Kerr), 661
Toronto committee on instruction (Gibson), 943
Word for the small school (Hatherley), 123

Nursing Service:

Bright idea (Homersham), 548
Nursing service in small hospitals (Hall), 23

Nutrition:

Canadian Dietetic Association (Holder), 392
Food in a nation at war (Pepper), 771

Obituaries:

Aitken, Annie, 399
Armstrong, Catherine, 181
Baillie, Ann: 181, 327
Banfill, Mrs. S. Martin, 482
Bruce, Louisa Eastwood, 322
Colquhoun, Martha, 482
Crossley, Emily Helen, 122
Dunlop, Henrietta, 250
Ellis, Mrs. Gordon, 799
Ellis, Mrs. O. E., 322
Fenton, Helen, 940
Goodson, Louise Brent, 103
Heyer, Mary Cobbe, 181
Hillcoat, Annie, 799
Hoffmeyer, Mrs. Lorne, 799
Honey, Gertrude, 122
Howden, Mrs. Gordon, 38
Ironside, Mrs. Mary Rutherford, 122
LaTrace, Edna Mary, 482
Londeau, Josephine, 250
Macdonald, Mrs. John, 800
MacGregor, Jessie, 800
MacKenzie, Jean, 411
Moore, Gwyneth, 122
Nunn, Mary, 940
Robillard, Mrs. Henry J., 800
Rothery, Esther Augusta, 878
Taylor, Audrey, 322
Taylor, Cory Mabel, 798

Wilson, Henrietta, 482

O'Connor, A., Bromide intoxication, 49
Off Duty: 134, 206, 278, 350, 582, 814, 964
Official Directory: 63, 135, 207, 279, 351, 439, 511, 583, 739, 815, 891, 965
Olivier, M., and Grignon, M. R., Family health in Montreal, 109
Ontario Public Health Nursing Service: 124, 196, 264, 423, 568, 734, 885
Our national duty (Lindeburgh), 759
Overseas Mail: 238, 329, 418
Overseas Nursing Sisters Association News Letter: 52, 123, 171, 193, 319, 497, 568

Parry, D., and Flander, M., Nursing aspects of poliomyelitis, 767
Penfield, W., Afterthoughts of a medical mission to Great Britain, 86
Penhale, Helen Eileen, 866
Pepper, L. C., Food in a nation at war, 771
Plain talk from Manitoba (Wilson), 843

Poliomyelitis:

Nursing aspects of poliomyelitis (Parry and Flander), 767
Treatment of poliomyelitis in the acute stage (Deacon), 763

Post-Graduate Education:

Bursaries: 855, 930
If I had only known (Williamson), 609
Post-graduate clinical experience (Anderson), 659
Post-graduate courses offered by the Royal Victoria Hospital, 260
Refresher courses: 51, 170, 249, 260, 262, 326, 419, 499, 793, 871, 945

Provincial Associations of Registered Nurses:

Alberta: 313 728, 929, 931; British Columbia: 173, 412, 495, 729, 929, 931, 945; Manitoba: 173, 413, 729, 843, 929, 932; New Brunswick: 729, 858, 929, 932; Nova Scotia: 173, 561, 730, 929, 932; Ontario: 173, 416, 420, 730, 929, 930, 932; Prince Edward Island: 48, 542, 731, 929, 932; Quebec: 173, 262, 266, 498, 731, 929, 932: Saskatchewan: 174, 312, 419, 491, 731, 782, 929, 932.

Psychiatry:

Psychiatric principles in nursing practice (Jones), 229
Psychoneurosis in time of war (Gillespie), 463

Public Health:

Comparison of health service in elementary and secondary schools (Godard), 859
Family health in Montreal (Grignon and Olivier), 109
Fighting tuberculosis (Jones), 483
Health—an experience for all (McDowell), 251
Health education in the Regina Normal School (Smith), 941
Lamp of learning (Martin), 315
Maternal welfare and the maternity grant (Simpson), 400

Public Health Nursing:

Educational aspects of the Toronto Health Service (Cryderman), 864
Industrial nurse (Cruickshank), 850
Industrial nursing (Snedden), 185
Institute for public health workers (Kilpatrick), 499
Leaves from Alberta public health diaries (Emerson and Stewart), 775
Maintaining standards of public health nursing (Chodat), 183
Public health nurses in Canada (Kerr and Creelman), 42
Public health nursing in wartime (Walker), 551
Standards for admission to courses in public health nursing (Kerr), 694
Supervision in public health nursing (Creelman), 793

Public Health Section of the Canadian Nurses Association:

Kla-How-Ya, Tillicum (Kerr), 41
Reports of: 172, 688
Special Page in Journal: 41, 109, 183, 251, 315, 400, 483, 551, 775, 859, 941
Studies of minimum requirements for employment in the field of public health nursing (Kerr) 690

Reader's Guide: 12, 82, 156, 224, 298, 372, 460, 530, 604, 756, 830, 910
Registration:
Reciprocal registration, 790
Uniformity in examinations for registration (Gibson), 656

Registries:

Point of view of the registrar (Brownell), 44
Practical nurse and the registry (Emmerton), 486
Registry for doctors and nurses (Rosher), 485
Word to the registrar (Jolly), 46

Rendezvous (Brooke), 62
Roberts, Emma, 484
Robson, E., and Ward, M., Nursing care of fractures, 233
Rosher, F. W., A registry for doctors and nurses, 485

Royal Canadian Army Medical Corps Nursing Service:

R.C.A.M.C. Nursing Service, 781
R.C.A.M.C. Nursing Service (appointments to): 32, 472, 476, 781
R.C.A.M.C. Nursing Sisters on duty in Hong Kong: 32, 398
R.C.A.M.C. Nursing Sisters on duty in South Africa: 95, 179, 238, 244, 310, 328, 473, 879, 914

Royal Canadian Naval Nursing Service:

Appointments to Royal Canadian Naval Nursing Service: 95, 176
Nursing Sister Agnes W. Wilkie: 834, 938

Rundle, M., Autumn comes in Aklavik, 838
Russell, K., The significance of the joint conference, 633
Russell, Kathleen, 228

Safeguards to nursing—present and future (Lindeburgh), 650

St. John Ambulance Association:
Appointment of A. Edith Fenton, 544
Modernizing the manual on home nursing (Chittick), 661

Samuel, Mary, 257
Sanderson, K. I., Report of Nightingale Memorial Committee, 722

Schools of Nursing and Departments of Nursing in Universities:
Ecole d'Infirmières Hygiénistes, 794
Provisional council of university schools and departments of nursing: 789, 845
School for Graduate Nurses, McGill University: 51, 326, 496, 600, 881
School of Nursing, University of Toronto: 170, 260
Significance of the joint conference (Russell), 633
University of British Columbia, Department of Nursing, 793
Schroeder, E., and Wilson, R., A hospital afloat, 121
Sharpe, Gladys: 311, 473
Shinbane, A. M., The illegal traffic in narcotic drugs, 847
Simpson, R. M., Maternal welfare and the maternity grant, 400
Sleigh, K., Pathological conditions of the breast, 563
Smellie, Elizabeth L.: 22, 471, 781, 963
Smith, E., Health education in the Regina Normal School, 941
Snedden, H., Industrial nursing, 185
Snively medal awards, 382

South Africa:

Royal Canadian Army Medical Corps Nursing Sisters on duty in South Africa: 95, 179, 238, 244, 310, 328, 473, 879, 914
Speech correction for cleft palate patients (Huber), 479
Squires, S., Well, but busy, 841
Stewart, E. I., and Emerson, B. A., Leaves from Alberta public health diaries, 775
Stewart, K., At work in an Indian school, 115
Stimson, J. C., The role of American nurses in winning the war, 623
Street, M., and Harvey, I., Integration of health and community aspects in the basic course, 867

Student Nurses Page:

Bromide intoxication (O'Connor), 49
Case study of treatment of haemolitic jaundice (Convery), 421
Good place to learn (Fowler), 493
Hospital afloat (Schroeder and Wilson), 121
In charge at night (Johnson), 875
Nursing care in colostomy (Mingie), 259
Nursing study of acoustic neuroma (Keddy), 323
Pathological conditions of the breast (Sleigh), 563
Professional nurse (Hopkins), 877
Puerperal thrombosis, 947
Sheila Ann makes her debut (Switzer), 795
Week with the Hospital Health Service (Watson), 187

Subsidiary Worker:

Training practical nurses (Baker), 407
Ward aides and helpers (Mallory), 715
Switzer, G., Sheila Ann makes her debut, 795

Taylor, E. J., Nursing today—an adventure, 614
Thompson, R., School of nursing records, 654

United States of America:

How the federal grant is used in the U.S.A., 935
Role of American nurses in winning the war (Stimson), 623

Upton, E. Frances, 386
Vale, Clara B., 182
Victorian Order of Nurses for Canada: 51, 120, 195, 265, 338, 404, 484, 552, 732, 788, 882 952

Voluntary Aid Detachments:

Committee on syllabus for training voluntary aid detachments: 172, 714
Hospital adventures of a V.A.D. (Delaney), 846
Short course for the V.A.D., 309

Wainwright, E., A word from the patient, 778
Walker, M. I., Public health nursing in wartime, 551
Ward, M., and Robson, E., Nursing care of fractures, 233
Waterman, Olive, 548
Watson, R., A week with the Hospital Health Service, 187
Waugh, F., Motion and time study, 321
Wightman, K. J. R., Chemotherapy with sulphonamide drugs, 835
Williamson, C. E., If I had only known, 609
Wilson, E. J., Plain talk from Manitoba, 843
Wilson, G., Blood transfusion in a gynaecological service, 921
Wilson, J. S., Report of the executive secretary of the C.N.A., 725
Wilson, M. J., Clinical teaching and supervision, 666
Wilson, R., and Schroeder, E., A hospital afloat, 121